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**May 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000010108 (5)

1. Corporation Name
MARSHALL S. FENSTER, PSY.D., P.A.



Principal Place of Business: 7301 W PALMETTO PARK RD SUITE 205A BOCA RATON FL 33433
Mailing Address: 7301 W PALMETTO PARK RD SUITE 205A BOCA RATON FL 33433-3456

3. Date Incorporated or Qualified: 02/07/1995
3a. Date of Last Report: 07/08/1996
4. FEI Number: 65-0562056
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 7301 A WEST PALMETTO PK RD
Suite, Apt #, etc.
22 STE 105C
City & State
23 BOCA RATON, FL. 3
Zip Country
24 33433

2a. Mailing Address
25 7301A WEST PALMETTO PK RD.
Suite, Apt. #, etc.
26 STE 105C
City & State
27 BOCA RATON, FL.
Zip Country
28 33433

9. Name and Address of Current Registered Agent
ROSENTHAL, ALEX P
4330 SHERIDAN ST
SUITE 202B
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent
81 Name: JOYCE STERN
82 Street Address (P.O. Box Number is Not Acceptable): 18364 Fresh Lake Way
83
84 City: Boca Raton FL 85 Zip Code: 33498

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Joyce Stern* DATE: 4/29/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENSTER, MARSHALL S	1.2 NAME	
STREET ADDRESS	7301 W PALMETTO PARK RD 205A	1.3 STREET ADDRESS	7301A WEST PALMETTO PK. RD STE 105C
CITY - ST - ZIP	BOCA RATON FL 33433	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marshall S Fenster, PSYD* DATE: 4/29/97 DAYTIME PHONE #: 561-295-4422

CR2E034 (9/96)