

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S60002** (0)

1. Corporation Name:
BARBARA MARSHALL PHD P.A.



Principal Place of Business: **3475 SHERIDAN ST. S-208 HOLLYWOOD FL 33021**
Mailing Address: **3475 SHERIDAN ST. S-208 HOLLYWOOD FL 33021**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country

2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country

3. Date Incorporated or Qualified: **06/17/1991** 3a. Date of Last Report: **02/27/1995**
4. FEI Number: **65-0269850** Applied For: Not Applicable
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

9. Name and Address of Current Registered Agent

**KLISTON, TODD W.
8211 W BROWARD BLVD.
S-200
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 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 607.0105, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: D 2. NAME: MARSHALL, BARBARA 3. STREET ADDRESS: 1051 NE 27TH TERRACE 4. CITY-ST- ZIP: POMPAHO BCH. FL	<input type="checkbox"/> DELETE	11. TITLE: 12. NAME: 13. STREET ADDRESS: 14. CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME: 6. STREET ADDRESS: 7. CITY- ST- ZIP:	<input type="checkbox"/> DELETE	21. TITLE: 22. NAME: 23. STREET ADDRESS: 24. CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME: 9. STREET ADDRESS: 10. CITY- ST- ZIP:	<input type="checkbox"/> DELETE	31. TITLE: 32. NAME: 33. STREET ADDRESS: 34. CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME: 12. STREET ADDRESS: 13. CITY- ST- ZIP:	<input type="checkbox"/> DELETE	41. TITLE: 42. NAME: 43. STREET ADDRESS: 44. CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME: 15. STREET ADDRESS: 16. CITY- ST- ZIP:	<input type="checkbox"/> DELETE	51. TITLE: 52. NAME: 53. STREET ADDRESS: 54. CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME: 18. STREET ADDRESS: 19. CITY- ST- ZIP:	<input type="checkbox"/> DELETE	61. TITLE: 62. NAME: 63. STREET ADDRESS: 64. CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished, and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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 (changed) or on an attachment with an address.

SIGNATURE: *Barbara Marshall* **Barbara Marshall, Ph.D., PA** 2/5/96 954-989-2442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)