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May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATION

DOCUMENT # S60002 (0)

1. Corporation Name  
BARBARA MARSHALL PHD P.A.



Principal Place of Business: 3475 SHERIDAN ST. 8-308 HOLLYWOOD FL 33021

Mailing Address: 3475 SHERIDAN ST. 8-308 HOLLYWOOD FL 33021-3663

3. Date Incorporated or Qualified: 08/17/1991

3a. Date of: 02/08/91

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

2a. Mailing Address (25) Suite, Apt. #, etc. (26) City & State (27) Zip (28) Country

4. FEI Number: 65-0269850

5. Certificate of Status Desired:  \$E

6. Election Campaign Financing Trust Fund Contribution:  \$

8. This corporation has liability for intangible tax u Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
KLISTON, TODD W.  
8211 W BROWARD BLVD.  
8-200  
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

85 FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of char 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 appointin agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIR	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/>
NAME	MARSHALL, BARBARA	1.2 NAME	
STREET ADDRESS	1051 NE 27TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/>
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"/>
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"/>
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"/>
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"/>
NAME		6.2 NAME	700002178587
STREET ADDRESS		6.3 STREET ADDRESS	-05/14/97--01093--021
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

BM  
5-6-97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), Florida Statutes. I further ce 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 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 I appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara Marshall* Barbara Marshall, Ph.D., P.A. 4/20/97 991-  
Date

*Barbara Marshall 4/20/97*

(954-)  
989-2442