

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 14 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000088220 (4)
1. Corporation Name
MEDICAL ACCOUNT RECOVERY SERVICES, INC.



Principal Place of Business		Mailing Address	
13014 N. DALE MABRY, STE. 203 TAMPA FL 33618 12101 N. 56th St., STE 7 TAMPA, FL 33617		13014 N. DALE MABRY, STE. 203 TAMPA FL 33618 12101 N. 56th St., STE 7 TAMPA, FL 33617	
2. Principal Place of Business	12101 N. 56th St.	2a. Mailing Address	12101 N. 56th St
21 (Same as above)	St.	26 (Same as above)	
22 Suite #, etc.	Suite 7	27 Suite #, etc.	Suite 7
23 City & State	TAMPA, FL	28 City & State	TAMPA, FL
24 Zip	33617	29 Zip	33617
25 Country	USA	30 Country	USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/23/1996

4. FEI Number
59-3396781

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

LESNIAK-SMITH, BARBARA
13014 N. DALE MABRY, STE. 203
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name **LESNIAK-SMITH, BARBARA**

82 Street Address (P.O. Box Number is Not Acceptable)
12101 N. 56th St., STE 7

83 **TAMPA**

84 City

85 Zip Code
FL 33617

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 Barbara Lesniak-Smith, Pres./CEO DATE 4-7-98

12. OFFICERS AND DIRECTORS

TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	TRIBBLE, JOHN H	
STREET ADDRESS	1007 HASTINGS CT	
CITY - ST - ZIP	LUTZ FL 33549	
TITLE	P.C.	<input type="checkbox"/> DELETE
NAME	LESNIAK-SMITH	
STREET ADDRESS	1905 JOOI DR.	
CITY - ST - ZIP	Lutz, FL 33549	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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: Barbara Lesniak-Smith BARBARA LESNIAK-SMITH 4-7-98 (813)984-7700

CR2E034 (10/97)