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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90012 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000088220**
 1. Corporation Name
MEDICAL ACCOUNT RECOVERY SERVICES, INC.



Principal Place of Business: 12101 N 56TH ST SUITE 7 TAMPA FL 33617 US
 Mailing Address: 12101 N 56TH ST SUITE 7 TAMPA FL 33617 US

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
10/23/1996

2. Principal Place of Business: 21 1390Z N. DALE MABRY SUITE # 229 TAMPA FL 33618 US
 2a. Mailing Address: 26 1390Z N. DALE MABRY SUITE # 229 TAMPA FL 33618 US

4. FEI Number: 59-3396781 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: No

9. Name and Address of Current Registered Agent
LESNIAK-SMITH, BARBARA
 12101 N 56TH ST SUITE 7 TAMPA FL 33617

10. Name and Address of New Registered Agent
 81 Name: **LESNIAK-SMITH, BARBARA**
 82 Street Address: **1390Z N. DALE MABRY**
 83 **SUITE # 229**
 84 City: **TAMPA** FL 85 Zip Code: **33618**

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: **4-8-99**

12. OFFICERS AND DIRECTORS

TITLE	VSTD	<input checked="" type="checkbox"/> DELETE
NAME	TRIBBLE, JOHN H	
STREET ADDRESS	1007 HASTINGS CT	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	PC	<input type="checkbox"/> DELETE
NAME	LESNIAK-SMITH, BARBARA	
STREET ADDRESS	19905 JODI 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	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RONALD J. SMITH	
1.3 STREET ADDRESS	19905 JODI DR.	
1.4 CITY-ST-ZIP	LUTZ, FL 33549	
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, with all other like empowered.

SIGNATURE: *Barbara Lesniak-Smith, Pres/CEO* DATE: **4-8-99** (813) 949-5720
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **BARBARA LESNIAK-SMITH, PRES/CEO** Daytime Phone #

CR2E034 (11/98)