

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90008 039 \*\*\*158.75

**DOCUMENT # P96000088220**

1. Entity Name

**MEDICAL ACCOUNT RECOVERY SERVICES, INC.**

Principal Place of Business

Mailing Address

13902 N. DALE MABRY  
 STE #229  
 TAMPA FL 33618  
 US

13902 N. DALE MABRY  
 STE #229  
 TAMPA FL 33618-2424  
 US

900012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3396781**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LESNIAK-SMITH, BARBARA**  
**13902 N. DALE MABRY**  
**STE #229**  
**TAMPA FL 33618**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LESNIAK-SMITH, BARBARA</b>	NAME	
STREET ADDRESS	<b>19905 JODI DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	CITY-ST-ZIP	
TITLE	VSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, RONALD J</b>	NAME	
STREET ADDRESS	<b>19905 JODI DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Lesniak Smith **BARBARA LESNIAK-SMITH** 12-30-99 (813) 908-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)