

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90067 017 \*\*\*150.00

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



Principal Place of Business: **13902 N. DALE MABRY STE #229 TAMPA FL 33618 US**  
 Mailing Address: **13902 N. DALE MABRY STE #229 TAMPA FL 33618 US**

30017883



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: **24640 State Rd. 54**  
 Suite, Apt. #, etc.

3. Mailing Address: **24640 State Rd. 54**  
 Suite, Apt. #, etc.

City & State: **Lutz, FL**  
 Zip: **33559** Country: **USA**

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 Zip: **33559** Country: **USA**

4. FEI Number: **59-3396781** Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**LESNIAK-SMITH, BARBARA**  
**13902 N. DALE MABRY**  
**STE #229**  
**TAMPA FL 33618**

7. Name and Address of New Registered Agent  
 Name: **BARBARA LESNIAK-SMITH**  
 Street Address (P.O. Box Number is Not Acceptable): **24640 State Rd. 54**  
 City: **LUTZ** FL Zip Code: **33559**

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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: **Barbara Lesniak-Smith, CEO** DATE: **2-14-05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PC	<input type="checkbox"/> Delete
NAME	LESNIAK-SMITH, BARBARA	
STREET ADDRESS	19905 JODI DR	
CITY-ST-ZIP	LUTZ FL 33558	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	SMITH, RONALD J	
STREET ADDRESS	19905 JODI DR.	
CITY-ST-ZIP	LUTZ FL 33558	
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		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Barbara Lesniak-Smith, CEO** DATE: **2-14-05** (813) 949-0041  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #