


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90021 004 ***150.00

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



Principal Place of Business Mailing Address
 24640 STATE ROD 54 24640 STATE ROD 54
 LUTZ FL 33559 LUTZ FL 33559
 US US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

4. FEI Number Applied For
59-3396781 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
LESNIAK-SMITH, BARBARA
24640 STATE RD 54
LUTZ FL 33559

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE Barbara Lesniak-Smith DATE 2-22-06
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, 2006 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	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	6503 Fletch Road	
CITY-ST-ZIP	Land O' Lakes, FL 34637	
TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	6503 Fletch Road	
CITY-ST-ZIP	Land O' Lakes, FL 34637	
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 exemptions contained in Section 119, 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 DATE: 2-22-06 DAYTIME PHONE #: (813)949-0041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #