

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000088220

FILED
Apr 15, 2009
Secretary of State

Entity Name: MEDICAL ACCOUNT RECOVERY SERVICES, INC.

Current Principal Place of Business:

24640 STATE ROD 54
LUTZ, FL 33559 US

New Principal Place of Business:

24640 STATE RD 54
LUTZ, FL 33559 US

Current Mailing Address:

24640 STATE ROD 54
LUTZ, FL 33559 US

New Mailing Address:

24640 STATE RD 54
LUTZ, FL 33559 US

FEI Number: 59-3396781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESNIAK-SMITH, BARBARA
24640 STATE RD 54
LUTZ, FL 33559 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: LESNIAK-SMITH, BARBARA
Address: 6503 FLETCH ROAD
City-St-Zip: LAND O' LAKES, FL 34637

Title: VSTD () Delete
Name: SMITH, RONALD J
Address: 6503 FLETCH ROAD
City-St-Zip: LAND O' LAKES, FL 34637

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SMITH, RONALD J
Address: 6503 FLETCH ROAD
City-St-Zip: LAND O' LAKES, FL 34637

Title: SEC () Change (X) Addition
Name: PRICE, CHERYL A
Address: 20908 SYLVAN SPRINGS
City-St-Zip: LAND O LAKES, FL 34638

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA LESNIAK-SMITH

PC

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date