

P96000088220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

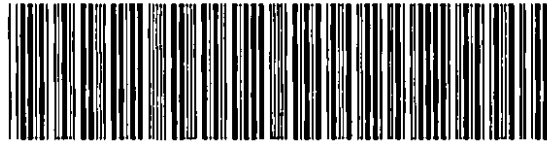
(Business Entity Name)

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S. YOUNG

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Medical Account Recovery Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P96000088220

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Lesnicik-Smith
(Name of Person)

Medical Account Recovery Services, Inc.
(Name of Firm/Company)

24640 STATE Rd 54
(Address)

Lutz, FL 33559
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Lesnicik-Smith at (813) 949-0041
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Cheryl A Price, hereby resign as Secretary
(Title)

of Medical Account Recovery Services, Inc.
(Name of Corporation)

P96000088220, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Cheryl Price
(Signature of resigning officer/director)

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OCT 16 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314