

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000088220

Entity Name: MEDICAL ACCOUNT RECOVERY SERVICES, INC.

Current Principal Place of Business:

24640 STATE RD 54
LUTZ, FL 33559

Current Mailing Address:

24640 STATE RD 54
LUTZ, FL 33559 US

FEI Number: 59-3396781

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

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

Title VP
Name SMITH, RONALD J
Address 6503 FLETCH ROAD
City-State-Zip: LAND O' LAKES FL 34637

Title SEC
Name PRICE, CHERYL A
Address 7635 WHISPERING WIND
City-State-Zip: LAND O LAKES FL 34637

I hereby 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 all other like empowered.

SIGNATURE: BARBARA LESNIAK-SMITH

CEO

04/10/2014

Electronic Signature of Signing Officer/Director Detail

Date