

**2017 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        6503 FLETCH RD.  
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**

**04/20/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date