

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN -6 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000060286 (8)

1. Corporation Name
MEDICAL ACCOUNTS RECEIVABLES SYSTEMS, INC.



Principal Place of Business
4400 W. SAMPLE ROAD
SUITE 116
COCONUT CREEK FL 33073

Mailing Address
4400 W. SAMPLE ROAD
SUITE 116
COCONUT CREEK FL 33073-3457

3. Date Incorporated or Qualified
08/04/1995

3a. Date of Last Report
03/15/1996

4. FEI Number
65-0608071

Applied For
Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite Apt. #, etc. 114
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc. 114
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

BRYN, MARK J
2 SOUTH BISCAYNE BLVD.
SUITE 3599
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERMAN, KENNETH	1.2 NAME	
STREET ADDRESS	4400 W. SAMPLE ROAD SUITE 116	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFANSKI, JERRY	2.2 NAME	
STREET ADDRESS	4400 W. SAMPLE ROAD #116	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	200002049462--9
STREET ADDRESS		3.3 STREET ADDRESS	-01/07/97--01172--008
CITY-ST-ZIP		3.4 CITY-ST-ZIP	***1155.00 ***165.00
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE: _____ 1/3/97 (954) 977-8020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)