

P96000088220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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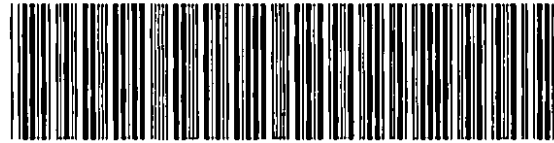
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## 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 Lesniak-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 Lesniak-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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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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