



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3010

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 163932		2. Name of Corporation Accelerated Care Plus Corp			
3. Street Address Principal Business Office 4850 Joule Street, Suite A-1			City Reno	State NV	Zip 89202
4. Business Phone No. 775-685-4000		5. State of Incorporation Delaware			
6. Brief Description of the Character of Business Conducted in Rhode Island Medical devices, disposables and clinical services.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John Beach			Vice President Name		
Street Address 4850 Joule Street, Suite A-1			Street Address		
City Reno	State NV	Zip 89502	City	State	Zip
Secretary Name Curtis Beach			Treasurer Name Antony Ricketts		
Street Address 4850 Joule Street, Suite A-1			Street Address 4850 Joule Street, Suite A-1		
City Reno	State NV	Zip 89502	City Reno	State NV	Zip 89502
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert Priddy			Director Name John Beach		
Street Address 4850 Joule Street, Suite A-1			Street Address 4850 Joule Street, Suite A-1		
City Reno	State NV	Zip 89502	City Reno	State NV	Zip 89502
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION <b>MUST</b> BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			A)1,500,000 B)3,583,727	A&B/Common	.001
			A)750,000 B)4,640,364	A&B/Preferred	.001

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature

Date

2/22/10

ANTONY RICKETTS

Print or Type Name

TREASURER

Title

File Date **FILED**

Check No. FEB 26 2010

By: 26656

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