



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2013

1. Corporate ID No. 000163932

2. Name of Corporation Accelerated Care Plus Corp.

3. Street Address Principal Business Office:

No. and Street: 10910 DOMAIN DRIVE SUITE 300

City or Town: AUSTIN

State: TX Zip: 78758 Country: USA

4. Business Phone No.

5127773800

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

MEDICAL DISPOSABLES, DEVICES AND CLINICAL SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DEBBIE KOEPEL	4850 JOULE STREET, A1 RENO, NV 89502 USA
TREASURER	ANTONY RICKETTS	4850 JOULE ST., STE. A-1 RENO, NV 89502 US
SECRETARY	GEORGE E MCHENRY	10910 DOMAIN DRIVE, SUITE 300 AUSTIN, TX 78758 US
ASSISTANT SECRETARY	LOUIS MESTIER	10910 DOMAIN DRIVE, SUITE 300 AUSTIN, TX 78758 US
DIRECTOR	GEORGE E MCHENRY	10910 DOMAIN DRIVE, SUITE 300

DIRECTOR	VINIT K ASAR	AUSTIN, TX 78758 US 10910 DOMAIN DRIVE, SUITE 300 AUSTIN, TX 78758 USA
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8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0010	100.00	100

9. 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.

Signed this 3 Day of January, 2013 at 4:58:34 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By LOUIS MESTIER
Signature of Authorized Representative of the Corporation

ASSISTANT SECRETARY
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

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