

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000005201

FILED
Apr 14, 2014
Secretary of State
CC3862121419

Entity Name: ACCELERATED CARE PLUS LEASING, INC.

Current Principal Place of Business:

10910 DOMAIN DR., SUITE 300
AUSTIN, TX 78758

Current Mailing Address:

10910 DOMAIN DR., SUITE 300
AUSTIN, TX 78758

FEI Number: 46-1520840

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 D/P
Name ASAR, VINIT K
Address 10910 DOMAIN DR., SUITE 300
City-State-Zip: AUSTIN TX 78758

Title CEO
Name ASAR, VINIT K
Address 10910 DOMAIN DR., SUITE 300
City-State-Zip: AUSTIN TX 78758

Title D/VP
Name MCHENRY, GEORGE E
Address 10910 DOMAIN DR., SUITE 300
City-State-Zip: AUSTIN TX 78758

Title CFO
Name MCHENRY, GEORGE E
Address 10910 DOMAIN DR., SUITE 300
City-State-Zip: AUSTIN TX 78758

Title AT/S
Name MCHENRY, GEORGE E
Address 10910 DOMAIN DR., SUITE 300
City-State-Zip: AUSTIN TX 78758

Title VPAS
Name HARTMAN, THOMAS E
Address 10910 DOMAIN DR., SUITE 300
City-State-Zip: AUSTIN TX 78758

Title ASST. SECRETARY
Name MESTIER, LOUIS
Address 10910 DOMAIN DR., SUITE 300
City-State-Zip: AUSTIN TX 78758

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: LOUIS MESTIER

ASST SECRETARY

04/14/2014

Electronic Signature of Signing Officer/Director Detail

Date