2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000005201

Entity Name: ACCELERATED CARE PLUS LEASING, INC.

Current Principal Place of Business:

4999 AIRCENTER CIRCLE RENO. NV 89502

Current Mailing Address:

10910 DOMAIN DR., SUITE 300 AUSTIN, TX 78758

FEI Number: 46-1520840 Certificate of Status Desired: No

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

Title

Officer/Director Detail:

Title DIRECTOR, PRESIDENT, CEO Title DIRECTOR, CFO, EXEC VP, ASST.

TREASURER, ASST. SECRETARY

ASST. SECRETARY

FILED May 06, 2016

Secretary of State

CC1869886462

Name ASAR, VINIT K Name KIRALY, THOMAS E

Address 10910 DOMAIN DR., SUITE 300 Address 10910 DOMAIN DR., SUITE 300

City-State-Zip: AUSTIN TX 78758

City-State-Zip: AUSTIN TX 78758

Title SECRETARY, VP, GENERAL

COUNSEL

Name HARTMAN, THOMAS E Name MESTIER, LOUIS

Address 10910 DOMAIN DR., SUITE 300 Address 10910 DOMAIN DR., SUITE 300

City-State-Zip: AUSTIN TX 78758 City-State-Zip: AUSTIN TX 78758

TitleASST. SECRETARYTitleASST. SECRETARYNameSEVERT, PAUL ANameDAWE, NICHOLAS D

Address 10910 DOMAIN DR., SUITE 300 Address 10910 DOMAIN DR., SUITE 300

City-State-Zip: AUSTIN TX 78758 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 ASSISTANT SECRETARY 05/06/2016