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SECRETARY OF STATE  
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**FOREIGN PROFIT/NONPROFIT CORPORATION**

Accelerated Care Plus Corp.

Certificate of Status	0
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Estimated Charge	\$5,820.00

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Accelerated Care Plus Corp.  
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ino.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 36-4331609  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 3, 1999 5. Perpetual  
 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. April, 2002  
 (Date first transacted business in Florida, if prior to registration)  
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4850 Jouis Street, Suite A-1, Reno, Nevada 89802  
 (Principal office address)  
4850 Jouis Street, Suite A-1, Reno, NV 89802  
 (Current mailing address)

8. Provide medical disposables, devices and clinical services.  
 (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

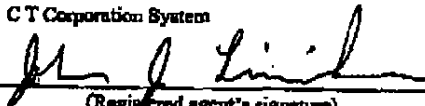
Name: CT Corporation System

Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
 (City) (Zip code)

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10. Registered agent's acceptance:  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

CT Corporation System

By:   
 (Registered agent's signature)

**John J. Linnihan, Asst. Vice President**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

CL819 - 02/01/2004 C T System Outline

**A. DIRECTORS**

Chairman: J. Chris Castel  
Address: 4850 Joule Street, Suite A-1, Reno, NV 89802

Vice Chairman: John B. Beach  
Address: 4850 Joule Street, Suite A-1, Reno, NV 89802

Director: J. Chris Castel  
Address: 4850 Joule Street, Suite A-1, Reno, NV 89802

Director: John B. Beach  
Address: 4850 Joule Street, Suite A-1, Reno, NV 89802

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**B. OFFICERS**

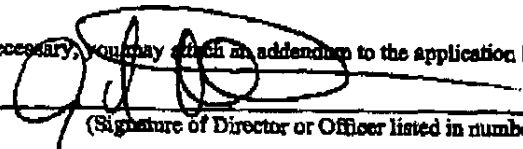
President: J. Chris Castel  
Address: 4850 Joule Street, Suite A-1, Reno, NV 89802

Vice President: N/A  
Address: \_\_\_\_\_

Secretary: Curtis Beach  
Address: 4850 Joule Street, Suite A-1, Reno, NV 89802

Treasurer: John B. Beach  
Address: 4850 Joule Street, Suite A-1, Reno, NV 89802

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. J. Chris Castel, Director and President  
(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACCELERATED CARE PLUS CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF MAY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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TALLAHASSEE, FLORIDA

3136053 8300  
070527350



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 5653411

DATE: 05-07-07