## 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002592

Entity Name: ACCELERATED CARE PLUS CORP.

**Current Principal Place of Business:** 

4999 AIRCENTER CIRCLE RENO. NV 89502

**Current Mailing Address:** 

10910 DOMAIN DR., STE 300 AUSTIN. TX 78758 US

FEI Number: 36-4331609 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

Date

**FILED** Jan 24, 2017

**Secretary of State** 

CC8075971939

Officer/Director Detail:

Title Title

KOEPSEL, DEBBIE Name RICKETTS, ANTONY Name 4850 JOULE ST A-1 Address 4850 JOULE ST A-1 Address City-State-Zip: **RENO NV 89502 RENO NV 89502** City-State-Zip:

Title ASST. SECRETARY Title D Name KIRALY, THOMAS E

ASAR, VINIT Name

Address 10910 DOMAIN DR., STE 300 Address 10910 DOMAIN DR., STE 300

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

Title CEO Title D

Electronic Signature of Signing Officer/Director Detail

Name ASAR, VINIT Name KIRALY, THOMAS E

Address 10910 DOMAIN DR., STE 300 Address 10910 DOMAIN DR., STE 300

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

Title ASST. SECRETARY MESTIER, LOUIS Name

10910 DOMAIN DR., STE 300 Address

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.

01/24/2017 SIGNATURE: LOUIS J MESTIER ASST. SECRETARY