

1.) CORPORATION NAME:

Accelerated Care Plus Corp.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER
16TH FLOOR, 1111 EAST MAIN STREET**

SCC ID NO: **F1710682**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10910 DOMAIN DRIVE STE 300

CITY/ST/ZIP: AUSTIN, TX 78758

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JOHN BEACH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4850 JOULE STREET		
CITY/ST/ZIP/CO:	SUITE A-1 RENO, NV 89502		

NAME:	GEORGE MCHENRY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	10910 DOMAIN DRIVE STE 300		
CITY/ST/ZIP/CO:	AUSTIN, TX 78758		

NAME:	RUSSELL ALLEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	10910 DOMAIN DRIVE STE 300		
CITY/ST/ZIP/CO:	AUSTIN, TX 78758		

NAME:	NICHOLAS D DAWE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	10910 DOMAIN DRIVE STE 300		
CITY/ST/ZIP/CO:	AUSTIN, TX 78758		

NAME:	THOMAS E HARTMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	10910 DOMAIN DRIVE STE 300		
CITY/ST/ZIP/CO:	AUSTIN, TX 78758		

NAME:	THOMAS C HOFMEISTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	10910 DOMAIN DRIVE STE 300		
CITY/ST/ZIP/CO:	AUSTIN, TX 78758		

NAME: LOUIS J MESTIER TITLE: ASST SECRETARY ADDRESS: 10910 DOMAIN DRIVE STE 300 CITY/ST/ZIP/CO: AUSTIN, TX 78758	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ANTONY RICKETTS TITLE: TREASURER ADDRESS: 4850 JOULE STREET CITY/ST/ZIP/CO: SUITE A-1 RENO, NV 89502	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: THOMAS F KIRK TITLE: CEO ADDRESS: 10910 DOMAIN DRIVE STE 300 CITY/ST/ZIP/CO: AUSTIN, TX 78758	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ LOUIS J MESTIER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LOUIS J MESTIER, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	6/5/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		