10/ww04/37

(Requestor's Name) (Address) (Address)	200182049642
(City/State/Zip/Phone #)	06/15/1001020006 **35.00
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	2018 JUN 15 MM 9: 02

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617,10



June 14, 2010

Via Federal Express Next Day Air

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Home Health of Option Care, Inc.

To Whom It May Concern:

Home Health of Option Care, Inc. no longer conducts business in the State of Florida. Enclosed please find a cover letter, an application by foreign corporation for withdrawal of authority to transact business or conduct business affairs in Florida along with the \$35.00 filing fee.

Should you have any questions or require additional information, please do not hesitate to contact me.

Sincerely

Robin E. Van Cleave

Manager, Licensing

Infusion and Respiratory Services

Enclosure

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Home Health of Option Care, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F01000004137

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robin Van Cleave

(Name of Person)

Walgreens Infusion and Respiratory Services

(Firm/Company)

485 Half Day Road, Suite 300

(Address)

Buffalo Grove, IL 60089-8806

(City/State and Zip code)

For further information concerning this matter, please call:

Robin Van Cleave

at (847

, 229-7789

(Name of Person)

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **STREET ADDRESS:**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Home Health of Option Care, Inc.	
(Name of Corporation)	
F01000004137	
(Document Number of Corporation	(if known)
Nevada	
(Incorporated Under Laws o	Ģ.
This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct a	ffairs within the State of Hörida and hereby affairs in Florida.
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Floring	based on a cause of action arising during the
The following is a current mailing address for the corporation:	
485 Half Day Road, Suite 300	
(Mailing Address)	
Buffalo Grove, IL 60089-8806 (City/ State /Zip)	
(City/ State /2/p)	
The corporation agrees to notify the Department of State in the future	are of any change in its mailing address.
Los - Inteles	06/10/2010
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Lori Zsitek	Vice President & Asst. Sec.
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35