

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90549 003 ***150.00

DOCUMENT # F01000004137



1. Entity Name
HOME HEALTH OF OPTION CARE, INC.

Principal Place of Business
**485 HALF DAY RD
300
BUFFALO GROVE IL 60089**

Mailing Address
**485 HALF DAY RD
300
BUFFALO GROVE IL 60089**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-4442729**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAI, RAJAT 100 COPORATE NORTH, SUITE 212 BANNOCKBURN IL 60015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rai, Rajat 485 Half Day Road, Suite 300 Buffalo Grove, IL 60089 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SSD BONACCORSI, JOSEPH 485 HALF DAY RD SUITE 300 BUFFALO GROVE IL 60089 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT MASTRAPA, PAUL 485 HALF DAY RD SUITE 300 BUFFALO GROVE IL 60089 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO KUTINSKY, BRUCE 485 HALF DAY RD SUITE 300 BUFFALO GROVE IL 60089 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive VP Bruce Kutinsky 485 Half Day Road, Suite 300 Buffalo Grove, IL 60089 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature Required* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JOSEPH BONACCORSI** 1/27/03 84746220
Date Daytime Phone #

CR2E034 (10/02)