


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000005412
 1. Entity Name
 OPTION MED, INC.



Principal Place of Business Mailing Address
 485 HALF DAY ROAD 485 HALF DAY ROAD
 SUITE 300 SUITE 300
 BUFFALO GROVE, IL 60089-6548 BUFFALO GROVE, IL 60089-6548

DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 36-4320238 Not Applicable

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

6. Name and Address of Current Registered Agent
 CORPORATION SERVICES COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	RAI, RAJAT
STREET ADDRESS	485 HALF DAY ROAD, SUITE 300
CITY-ST-ZIP	BUFFALO GROVE, IL 60089
TITLE	SD
NAME	BONACCORSI, JOSEPH
STREET ADDRESS	485 HALF DAY ROAD SUITE 300
CITY-ST-ZIP	BUFFALO GROVE, IL 600896548
TITLE	CFOD
NAME	MADTRAPA, PAUL
STREET ADDRESS	485 HALF DAY ROAD SUITE 300
CITY-ST-ZIP	BUFFALO GROVE, IL 600896548
TITLE	P
NAME	SMITH, RICHARD M
STREET ADDRESS	485 HALF DAY ROAD SUITE 300
CITY-ST-ZIP	BUFFALO GROVE, IL 600896548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joseph Bonaccorsi Joseph Bonaccorsi 4/22/05 (847) 229-7721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #