

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005412

FILED
Jul 30, 2008
Secretary of State

Entity Name: OPTION MED, INC.

Current Principal Place of Business:

485 HALF DAY ROAD
SUITE 300
BUFFALO GROVE, IL 600896548

New Principal Place of Business:

Current Mailing Address:

485 HALF DAY ROAD
SUITE 300
BUFFALO GROVE, IL 600896548

New Mailing Address:

FEI Number: 36-4320238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICES COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: RAI, RAJAT
Address: 485 HALF DAY ROAD, SUITE 300
City-St-Zip: BUFFALO GROVE, IL 60089

Title: SD () Delete
Name: BONACCORSI, JOSEPH
Address: 485 HALF DAY ROAD SUITE 300
City-St-Zip: BUFFALO GROVE, IL 600896548

Title: CFOD () Delete
Name: MASTRAPA, PAUL
Address: 485 HALF DAY ROAD SUITE 300
City-St-Zip: BUFFALO GROVE, IL 600896548

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: ZSITEK, LORI
Address: 485 HALF DAY ROAD, SUITE 300
City-St-Zip: BUFFALO GROVE, IL 60089

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MASTRAPA, PAUL
Address: 485 HALF DAY ROAD SUITE 300
City-St-Zip: BUFFALO GROVE, IL 600896548

Title: CFO () Change (X) Addition
Name: KELLEN, MARGARITA
Address: 104 WILMOT ROAD, MS #1435
City-St-Zip: DEERFIELD, IL 60015

Title: ACFO () Change (X) Addition
Name: WOODBRIDGE, DAVID
Address: 200 WILMOT ROAD, MS #2261
City-St-Zip: DEERFIELD, IL 60015

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH BONACCORSI

SD

07/30/2008

Electronic Signature of Signing Officer or Director

_____ Date