

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005412

FILED  
Jan 15, 2009  
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: VPD ( ) Delete  
Name: ZSITEK, LORI  
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: PD ( ) Delete  
Name: MASTRAPA, PAUL  
Address: 485 HALF DAY ROAD SUITE 300  
City-St-Zip: BUFFALO GROVE, IL 600896548

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

01/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date