

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2002 8:00 am**  
**Secretary of State**

08-08-2002 90090 021 \*\*\*550.00

**DOCUMENT # F01000004137**

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

Principal Place of Business

**100 COPORATE NORTH, SUITE 212  
 BANNOCKBURN IL 60015**

Mailing Address

**100 COPORATE NORTH, SUITE 212  
 BANNOCKBURN IL 60015**

2. Principal Place of Business

**485 HALF DAY RD.**

3. Mailing Address

**485 HALF DAY RD.**

Suite, Apt. #, etc.

**300**

Suite, Apt. #, etc.

**SUITE 300**

City & State

**BUFFALOGROVE, IL**

City & State

**BUFFALO GROVE, IL**

Zip

**60009**

Country

**USA**

Zip

**60009**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**36-4442729**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
 NAME **PD RAI, RAJAT**  
 STREET ADDRESS **100 COPORATE NORTH, SUITE 212**  
 CITY-ST-ZIP **BANNOCKBURN IL 60015**

TITLE ☒ Delete  
 NAME **SD BELLEHUMEUR, CATHY**  
 STREET ADDRESS **100 COPORATE NORTH, SUITE 212**  
 CITY-ST-ZIP **BANNOCKBURN IL 60015**

TITLE ☒ Delete  
 NAME **PONDEL, CARLA**  
 STREET ADDRESS **100 COPORATE NORTH, SUITE 212**  
 CITY-ST-ZIP **BANNOCKBURN IL 60015**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **SECRETARY, DIRECTOR**  
 STREET ADDRESS **JOSEPH BONACCORSI**  
 CITY-ST-ZIP **485 HALF DAY RD, SUITE 300**  
**BUFFALO GROVE, IL 60009**

TITLE ☐ Change ☐ Addition  
 NAME **CFO, DIRECTOR**  
 STREET ADDRESS **PAUL MASTRAPA**  
 CITY-ST-ZIP **485 HALF DAY RD, SUITE 300**  
**BUFFALO GROVE, IL 60009**

TITLE ☐ Change ☒ Addition  
 NAME **COO**  
 STREET ADDRESS **BRUCE KUTINSKY**  
 CITY-ST-ZIP **485 HALF DAY RD, SUITE 300**  
**BUFFALO GROVE, IL 60009**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**JOSEPH BONACCORSI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/26/02 847-229-7794**

CR2E034 (4/02)

Attachment  
123830

optioncare®

485 Half Day Road  
Suite 300  
Buffalo Grove, IL 60089

(847) 465-2100  
(847) 913-8974 Fax

VIA US MAIL

August 5, 2002

Division of Corporations  
Uniform Business Report  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: 2002 Uniform Business Report**  
**Document # F01000004137**

Dear Sir or Madam:

Enclosed please find the 2002 Uniform Business Report for Home Health of Option Care, Inc.

Should you have any questions regarding the enclosed information please contact me directly at (800) 879-6137 extension 7743 or via email at [jmeyers@optioncare.net](mailto:jmeyers@optioncare.net).

Sincerely,



Jennifer Meyers  
Legal Assistant

Enclosure