

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90016 017 ***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**

94018634



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102004

Chg-P

CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **RAI, RAJAT**
STREET ADDRESS **485 HALF DAY ROAD, SUITE 300**
CITY-ST-ZIP **BUFFALO GROVE, IL 30089**

TITLE SSD ☐ Delete
NAME **BONACCORSI, JOSEPH**
STREET ADDRESS **485 HALF DAY RD SUITE 300**
CITY-ST-ZIP **BUFFALO GROVE, IL 60089**

TITLE CFOT ☐ Delete
NAME **MASTRAPA, PAUL**
STREET ADDRESS **485 HALF DAY RD SUITE 300**
CITY-ST-ZIP **BUFFALO GROVE, IL 60089**

TITLE EVP ☒ Delete
NAME **KUTINSKY, BRUCE**
STREET ADDRESS **485 HALF DAY RD SUITE 300**
CITY-ST-ZIP **BUFFALO GROVE, IL 60089**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE CEO/D ☒ Change ☐ Addition
NAME **Rajat Rai**
STREET ADDRESS **485 Half Day Road, Suite 300**
CITY-ST-ZIP **Buffalo Grove, IL 60089**

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

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

TITLE President ☐ Change ☒ Addition
NAME **Richard M. Smith**
STREET ADDRESS **485 Half Day Road, Suite 300**
CITY-ST-ZIP **Buffalo Grove, IL 60089**

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

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: Joseph Bonaccorsi **Joseph Bonaccorsi**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04 (847) 465-2100

Date

Daytime Phone