


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90449 022 \*\*\*150.00

|  |   |
|--|---|
| DOCUMENT # F01000004137                            |  |
| 1. Entity Name<br>HOME HEALTH OF OPTION CARE, INC. |   |

|  |  |
|--|--|
| Principal Place of Business<br>485 HALF DAY RD<br>300<br>BUFFALO GROVE, IL 60089 | Mailing Address<br>485 HALF DAY RD<br>300<br>BUFFALO GROVE, IL 60089 |
|--|--|

40071129



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

04192005 Chg-P CR2E034 (10/03)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>36-4442729 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent                               |  | 7. Name and Address of New Registered Agent                                       |  |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_ (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                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>RAI, RAJAT<br>485 HALF DAY ROAD, SUITE 300<br>BUFFALO GROVE, IL 30089 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEOD<br>RAI, RAJAT<br>485 HALF DAY RD SUITE 300<br>BUFFALO GROVE, IL 60089 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CFOT<br>MASTRAPA, PAUL<br>485 HALF DAY RD SUITE 300<br>BUFFALO GROVE, IL 60089 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SMITH, RICHARD M<br>485 HALF DAY RD. STE 300<br>BUFFALO GROVE, IL 60089 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Secretary + Director<br>Joseph Bonaccorsi<br>485 Half Day Road, Suite 300<br>Buffalo Grove, IL 60089 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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 4/22/05 (847) 229-7721  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #