

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004137

FILED  
May 08, 2006  
Secretary of State

Entity Name: HOME HEALTH OF OPTION CARE, INC.

## Current Principal Place of Business:

485 HALF DAY RD  
300  
BUFFALO GROVE, IL 60089

## New Principal Place of Business:

## Current Mailing Address:

485 HALF DAY RD  
300  
BUFFALO GROVE, IL 60089

## New Mailing Address:

FEI Number: 36-4442729

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: BONACCORSI, JOSPEH  
Address: 4858 HALF DAY ROAD, STE 300  
City-St-Zip: BUFFALO GROVE, IL 60089

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

Title: CFOT ( ) Delete  
Name: MASTRAPA, PAUL  
Address: 485 HALF DAY RD SUITE 300  
City-St-Zip: BUFFALO GROVE, IL 60089

Title: P ( ) Delete  
Name: SMITH, RICHARD M  
Address: 485 HALF DAY RD. STE 300  
City-St-Zip: BUFFALO GROVE, IL 60089

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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 P BONACCORSI

SD

05/08/2006

Electronic Signature of Signing Officer or Director

Date