

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004137

FILED
Apr 27, 2007
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

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: CEO () 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 (X) 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 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

SEC

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date