2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# F01000004137

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, JOSEPH	
Address:	4858 HALF DAY ROAD, STE 300	
City-St-Zip:	BUFFALO GROVE, IL 60089	
Title:	VP	( ) Delete
Name:	ZSITEK, LORI	
Address:	485 HALF DAY RD SUITE 300	
City-St-Zip:	BUFFALO GROVE, IL 60089	
Title:	PD	( ) Delete
Name:	MASTRAPA, PAUL	
Address:	485 HALF DAY RD SUITE 300	
City-St-Zip:	BUFFALO GROVE, IL 60089	
Title:	TREA	( ) Delete
Name:	KELLEN, MARGARIT	
Address:	104 WILMOT ROAD, MS #1435	
City-St-Zip:	DEERFIELD, IL 60015	
Title:	AT	(X) Delete
Name:	WOODBRIDGE, DAVID	
Address:	200 WILMOT ROAD, MS #2261	
City-St-Zip:	DEERFIELD, IL 60015	

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:	
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 BONACCORSI SEC 01/15/2009

Electronic Signature of Signing Officer or Director — Date