

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004137

FILED
Jan 06, 2010
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: SEC
Name: AZAR, OREN
Address: 104 WILMOT ROAD
City-St-Zip: DEERFIELD, IL 60015

Title: VP
Name: ZSITEK, LORI
Address: 485 HALF DAY RD SUITE 300
City-St-Zip: BUFFALO GROVE, IL 60089

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

Title: TREA
Name: KELLEN, MARGARITA
Address: 300 WILMOT ROAD
City-St-Zip: DEERFIELD, IL 60015

Title: VP
Name: MANN, JOHN
Address: 300 WILMOT ROAD
City-St-Zip: DEERFIELD, IL 60015

I hereby 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 all other like empowered.

SIGNATURE: PAUL MASTRAPA

PRES

01/06/2010

Electronic Signature of Signing Officer or Director

Date