

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90549 002 ***150.00

DOCUMENT # F01000005412

1. Entity Name
OPTION MED, INC.



Principal Place of Business
**485 HALF DAY ROAD
SUITE 300
BUFFALO GROVE IL 60089-6548**

Mailing Address
**485 HALF DAY ROAD
SUITE 300
BUFFALO GROVE IL 60089-6548**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-4320238**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICES COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RAI, RAJAT	
STREET ADDRESS	100 CORPORATE NORTH	
CITY-ST-ZIP	BANNOCKBURN IL 60015	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BONACCORSI, JOSEPH	
STREET ADDRESS	485 HALF DAY ROAD SUITE 300	
CITY-ST-ZIP	BUFFALO GROVE IL 60089-6548	
TITLE	CFOD	<input type="checkbox"/> Delete
NAME	MADTRAPA, PAUL	
STREET ADDRESS	485 HALF DAY ROAD SUITE 300	
CITY-ST-ZIP	BUFFALO GROVE IL 60089-6548	
TITLE	COO	<input type="checkbox"/> Delete
NAME	KUTINSKY, BRUCE	
STREET ADDRESS	485 HALF DAY ROAD SUITE 300	
CITY-ST-ZIP	BUFFALO GROVE IL 60089-6548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rai, Rajat	
STREET ADDRESS	485 Half Day Road, Suite 300	
CITY-ST-ZIP	Buffalo Grove, IL 60089	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Executive VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruce Kutinsky	
STREET ADDRESS	485 Half Day Road, Suite 300	
CITY-ST-ZIP	Buffalo Grove, IL 60089	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Signature Required* **JOSEPH BONACCORSI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03

Date

84745-2400

Daytime Phone #

CR2E034 (10/02)