

# FO4000000816

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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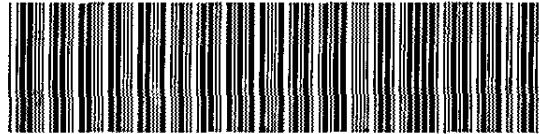
\_\_\_\_\_  
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*Handwritten signature/initials*



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032  
REFERENCE : 436985 4727399  
AUTHORIZATION : *Patricia Pigato*  
COST LIMIT : \$ 70.00

ORDER DATE : February 12, 2004

ORDER TIME : 11:47 AM

ORDER NO. : 436985-005

CUSTOMER NO: 4727399

CUSTOMER: Ms. Jennifer Meyers  
Option Care, Inc.  
Suite 300  
485 Half Day Road  
Buffalo Grove, IL 60089-6548

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FOREIGN FILINGS

NAME: INFUSION SPECIALTIES, INC.

XXXX QUALIFICATION (TYPE: CQ)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER: \_\_\_\_\_

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

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TALLAHASSEE, FLORIDA

1. Infusion Specialties, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Texas

(State or country under the law of which it is incorporated)

3. 76-0551497

(FEI number, if applicable)

4. 10/22/97

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 9601 Katy Freeway, Suite 480, Houston, TX, 77024-1394

(Principal office address)

485 Half Day Road, Suite 300, Buffalo Grove, IL 60089-

(Current mailing address)

The operation of a healthcare company which may include the provision of nursing, pharmacy, mail-order  
pharmacy, respiratory therapy, home infusion, durable medical equipment and related billing and collection  
activities.

8. \_\_\_\_\_

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(City)

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Corporation Service Company

Deborah D. Skipper

(Registered agent's signature)

Deborah D. Skipper  
Asst. V. Pres.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: See attached officers/directors rider

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: See attached officers/directors rider

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *JBonaccorsi*  
(Signature of Director or Officer listed in number 12 of the application)

14. Joseph Bonaccorsi, Secretary  
(Typed or printed name and capacity of person signing application)

**INFUSION SPECIALTIES, INC.**  
**A Texas Corporation**

**OFFICERS:**

<i>Name</i>	<i>Title</i>	<i>Address</i>	<i>Phone Number</i>
Rajat Rai	CEO	485 Half Day Road Suite 300 Buffalo Grove, IL 60089	(800) 879-6137
Richard M. Smith	President/ COO	485 Half Day Road Suite 300 Buffalo Grove, IL 60089	(800) 879-6137
Joseph P. Bonaccorsi	Secretary	485 Half Day Road Suite 300 Buffalo Grove, IL 60089	(800) 879-6137
Paul Mastrapa	CFO	485 Half Day Road Suite 300 Buffalo Grove, IL 60089	(800) 879-6137

**DIRECTORS:**

<i>Name</i>	<i>Title</i>	<i>Address</i>	<i>Phone Number</i>
Rajat Rai	CEO	485 Half Day Road Suite 300 Buffalo Grove, IL 60089	(800) 879-6137
Joseph P. Bonaccorsi	Secretary	485 Half Day Road Suite 300 Buffalo Grove, IL 60089	(800) 879-6137
Paul Mastrapa	CFO	485 Half Day Road Suite 300 Buffalo Grove, IL 60089	(800) 879-6137

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Geoffrey S. Connor  
Secretary of State

## Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for INFUSION SPECIALTIES, INC. (filing number: 146504300), a Domestic Business Corporation, was filed in this office on October 22, 1997.

**It is further certified that the entity status in Texas is active.**

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 12, 2004.



A handwritten signature in black ink, appearing to read "G. Connor".

Geoffrey S. Connor  
Secretary of State