

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002238

FILED  
Apr 19, 2006  
Secretary of State

Entity Name: OPTION CARE OF MELBOURNE, INC.

**Current Principal Place of Business:**

1600 SARNO ROAD  
SUITE 10  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

1600 SARNO ROAD  
SUITE 10  
MELBOURNE, FL 32935

**New Mailing Address:**

FEI Number: 58-2021377

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PATEL, DAKSHA A  
1835 N. HWY A1A, #303  
INDIALANTIC, FL 32903 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: P ( ) Delete  
Name: PATEL, PRADIP  
Address: 3029 ALTAMA AVENUE  
City-St-Zip: BRUNSWICK, GA 31520

Title: S ( ) Delete  
Name: DAKSHA, PATEL  
Address: 1835 N HWY A1A, UNIT 303  
City-St-Zip: INDIALANTIC, FL 32903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: DAKSHA PATEL

S

04/19/2006

Electronic Signature of Signing Officer or Director

Date