FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P15939 (2)

1. Corporation Name

OPTION CARE, INC.

Principal Place of Business	Mailing Address
100 CORPORATE N SUITE 212 BANNOCKBURN IL 60015	100 CORPORATE N SUITE 212 BANNOCKBURN IL 60015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1987
3a. Date of Last Report: 08/15/1994
4. FEI Number: 68-0017853 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 ____ 2a. Mailing Address 26 ____
Suite, Apt. #, etc. 22 ____ Suite, Apt. #, etc. 27 ____
City & State 23 ____ City & State 28 ____
Zip 24 ____ Country 25 ____ Zip 29 ____ Country 30 ____

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name ____
82 Street Address (P.O. Box Number is Not Acceptable) ____
83 ____
84 City ____ FL 85 Zip Code ____

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ____________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PC~~	1 1 TITLE	☐ Change ☐ Addition
NAME	~~ASHER, SHELDON D.~~	1 2 NAME	
STREET ADDRESS	~~100 CORPORATE N #212~~	1 3 STREET ADDRESS	
CITY-ST-ZIP	~~BANNOCKBURN IL~~	1 4 CITY-ST-ZIP	
TITLE	~~VPC~~	2 1 TITLE	V ☒ Change ☐ Addition
NAME	~~SULLIVAN, ROBERT~~	2 2 NAME	J. JEFFREY FOX
STREET ADDRESS	~~100 CORPORATE N #212~~	2 3 STREET ADDRESS	100 CORPORATE NORTH # 212
CITY-ST-ZIP	~~BANNOCKBURN IL~~	2 4 CITY-ST-ZIP	BANNOCKBURN, IL 60015
TITLE	~~VP~~	3 1 TITLE	V ☒ Change ☐ Addition
NAME	~~PRIME, MICHAEL T.~~	3 2 NAME	DANIEL F. SKALECKI
STREET ADDRESS	~~888 LAKESIDE VILLAGE COM~~	3 3 STREET ADDRESS	100 CORPORATE NORTH # 212
CITY-ST-ZIP	~~CHICO CA~~	3 4 CITY-ST-ZIP	BANNOCKBURN, IL 60015
TITLE	D	4 1 TITLE	☐ Change ☐ Addition
NAME	KAPOOR, JOHN N.	4 2 NAME	
STREET ADDRESS	225 E. DEERPATH #250	4 3 STREET ADDRESS	
CITY-ST-ZIP	LAKE FOREST IL	4 4 CITY-ST-ZIP	
TITLE	D	5 1 TITLE	D ☐ Change ☒ Addition
NAME	STONE, ROGER W.	5 2 NAME	JEROME F. SHELDON
STREET ADDRESS	225 E DEERPATH SUITE 250	5 3 STREET ADDRESS	c/o LAMAR SNOWBOARDS SUITE #B 4125 SORRENTO VALLEY BLVD.
CITY-ST-ZIP	LAKE FOREST IL	5 4 CITY-ST-ZIP	SAN DIEGO, CA 92121
TITLE	D	6 1 TITLE	V ☐ Change ☒ Addition
NAME	ANDRESS, JAMES G.	6 2 NAME	CATHY BELLEHUMEUR
STREET ADDRESS	150 N. CLINTON ST.	6 3 STREET ADDRESS	100 CORPORATE NORTH # 212
CITY-ST-ZIP	CHICAGO IL	6 4 CITY-ST-ZIP	BANNOCKBURN, IL 60015

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *(signature)* Cathy Bellehumeur 4/26/95 (708)604-7189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #