

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P15939 (2)

1. Corporation Name
OPTION CARE, INC.



Principal Place of Business

100 CORPORATE N
SUITE 212
BANNOCKBURN IL 60015

Mailing Address

100 CORPORATE N
SUITE 212
BANNOCKBURN IL 60015

3. Date Incorporated or Qualified 09/11/1987 3a. Date of Last Report 05/01/1995

4. FEI Number 68-0017853 Applied For Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME FOX, J. JEFFREY
STREET ADDRESS 100 CORPORATE NORTH #212
CITY-ST-ZIP BANNOCKBURN IL

1.1 TITLE V & D ☒ Change ☐ Addition
1.2 NAME Jeffrey Fox
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME ~~SKALECKI, DANIEL F.~~
STREET ADDRESS ~~100 CORPORATE NORTH #212~~
CITY-ST-ZIP ~~BANNOCKBURN IL~~

2.1 TITLE V & D ☒ Change ☐ Addition
2.2 NAME Erick E. Hanson
2.3 STREET ADDRESS 100 Corporate North, Suite 212
2.4 CITY-ST-ZIP Bannockburn, IL 60015

TITLE ☐ DELETE
NAME KAPOOR, JOHN N.
STREET ADDRESS 225 E. DEERPATH #250
CITY-ST-ZIP LAKE FOREST IL

3.1 TITLE CEO & P ☒ Change ☐ Addition
3.2 NAME John N. Kapoor
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME ~~SHELDON, JEROME P.~~
STREET ADDRESS ~~4125 CORRENTO VALLEY BLVD.~~
CITY-ST-ZIP ~~SAN DIEGO CA~~

4.1 TITLE S & D ☐ Change ☒ Addition
4.2 NAME Cathy Bellehumeur
4.3 STREET ADDRESS 100 Corporate North, Suite 212
4.4 CITY-ST-ZIP Bannockburn, IL 60015

TITLE ☒ DELETE
NAME ~~ANDRESS, JAMES G.~~
STREET ADDRESS ~~460 N. CLINTON ST.~~
CITY-ST-ZIP ~~CHICAGO IL~~

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

(847) 615-1690

Date

Daytime Phone #

CR2E034 (12/95)