

3-24-98 B 3630 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P15939 1. Corporation Name OPTION CARE, INC.	(2)
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Principal Place of Business 100 CORPORATE N SUITE 212 BANNOCKBURN IL 60015	Mailing Address 100 CORPORATE N SUITE 212 BANNOCKBURN IL 60015
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2. Principal Place of Business 21 100 Corporate N Suite, Apt. #, etc. 22 212 City & State 23 Bannockburn, IL Zip 24 60015	2a. Mailing Address 25 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA
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DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 09/11/1987	
4. FEI Number 68-0017853	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	JUREWICZ, PAUL
STREET ADDRESS	100 CORPORATE NORTH #212
CITY-ST-ZIP	BANNOCKBURN IL
TITLE	P <input type="checkbox"/> DELETE
NAME	HANSON, ERICK E.
STREET ADDRESS	100 CORPORATE NORTH, STE. 212
CITY-ST-ZIP	BANNOCKBURN IL
TITLE	C <input type="checkbox"/> DELETE
NAME	KAPOOR, JOHN N.
STREET ADDRESS	225 E. DEERPATH #250
CITY-ST-ZIP	LAKE FOREST IL
TITLE	SD <input type="checkbox"/> DELETE
NAME	BELLEHUMEUR, CATHY
STREET ADDRESS	100 CORPORATE NORTH #212
CITY-ST-ZIP	BANNOCKBURN IL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	DUNCAN, JAMES
STREET ADDRESS	100 CORPORATE NORTH, STE. 212
CITY-ST-ZIP	BANNOCKBURN IL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	James A. Hodges, JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Director (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: Cathy Bellehumeur 2-26-98 847-615-1690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0602192

CR2E034 (10/97)