

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P15939

1. Entity Name
OPTION CARE, INC.



Principal Place of Business
**485 HALF DAY ROAD
SUITE 300
BUFFALO GROVE, IL 60089-6548 US**

Mailing Address
**485 HALF DAY ROAD
SUITE 300
BUFFALO GROVE, IL 60089-6548 US**



DO NOT WRITE IN THIS SPACE

04192005 No Chg-P CR2E034 (10/03)

4. FEI Number
68-0017853

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
KAPOOR, JOHN N.
485 HALF DAY ROAD, SUITE 300
BUFFALO GROVE, IL 60089**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ANDRESS, JAMES
485 HALF DAY ROAD SUITE 300
BUFFALO GROVE, IL 600896548**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHELDON, JEROME
485 HALF DAY ROAD SUITE 300
BUFFALO GROVE, IL 600896548**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
RAI, RAJAT
485 HALF DAY ROAD, SUITE 300
BUFFALO GROVE, IL 60089**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HUSSEY, JAMES
485 HALF DAY ROAD SUITE 300
BUFFALO GROVE, IL 600896548**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HENIKOFF, LEO
485 HALF DAY ROAD SUITE 300
BUFFALO GROVE, IL 600896548**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph Bonaccorsi

Joseph Bonaccorsi

4/22/05

(847) 229-7721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #