

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15939

FILED
May 08, 2006
Secretary of State

Entity Name: OPTION CARE, INC.

Current Principal Place of Business:

485 HALF DAY ROAD
SUITE 300
BUFFALO GROVE, IL 600896548 US

New Principal Place of Business:

Current Mailing Address:

485 HALF DAY ROAD
SUITE 300
BUFFALO GROVE, IL 600896548 US

New Mailing Address:

FEI Number: 68-0017853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: KAPOOR, JOHN N.,
Address: 485 HALF DAY ROAD, SUITE 300
City-St-Zip: BUFFALO GROVE, IL 60089

Title: D () Delete
Name: ANDRESS, JAMES
Address: 485 HALF DAY ROAD SUITE 300
City-St-Zip: BUFFALO GROVE, IL 600896548

Title: D () Delete
Name: SHELDON, JEROME
Address: 485 HALF DAY ROAD SUITE 300
City-St-Zip: BUFFALO GROVE, IL 600896548

Title: CEOD () Delete
Name: RAI, RAJAT
Address: 485 HALF DAY ROAD, SUITE 300
City-St-Zip: BUFFALO GROVE, IL 60089

Title: D () Delete
Name: HUSSEY, JAMES
Address: 485 HALF DAY ROAD SUITE 300
City-St-Zip: BUFFALO GROVE, IL 600896548

Title: D () Delete
Name: HENIKOFF, LEO
Address: 485 HALF DAY ROAD SUITE 300
City-St-Zip: BUFFALO GROVE, IL 600896548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RAJAT RAI

CEOD

05/08/2006

Electronic Signature of Signing Officer or Director

Date