2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# P15939

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

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: D (X) Change ( ) Addition
Name: ABRAMOWITZ, KENNETH
Address: 485 HALF DAY ROAD SUITE 300
City-St-Zip: BUFFALO GROVE, IL 600896548

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

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

Title: D (X) Change ( ) Addition
Name: EDWARD, BLECHSCHMIDT DIRECTO
Address: 485 HALF DAY ROAD SUITE 300
City-St-Zip: BUFFALO GROVE, IL 60089

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

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH P BONACCORSI SEC 04/27/2007

Electronic Signature of Signing Officer or Director Date