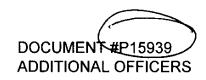
2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 16, 2008 8:00 am Secretary of State DOCUMENT #P15939 05-16-2008 90020 025 ***150.00 1. Entity Name OPTION CARE, INC. Principal Place of Business Mailing Address 485 HALF DAY ROAD **485 HALF DAY ROAD** SUITE 300 SUITE 300 BUFFALO GROVE, IL 60089-6548 US BUFFALO GROVE, IL 60089-6548 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) Chg-P 05132008 City & State Applied For City & State 4. FEI Number 68-0017853 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City Zip Code FL 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 II applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **Delete** Addition TITLE ☐ Change TITLE KAPOOR, JOHN N. Stanley Blaylock NAME NAME 14 11 Lake Cook Pd. 4H STREET ADDRESS 485 HALF DAY ROAD, SUITE 300 STREET ADDRESS BUFFALO GROVE, IL 60089 CITY-ST-ZIP CITY-ST-ZIP cerfield IL 60015 TITLE Delete TITLE Change Addition AllanResnell ABRAMOWITZ, KENNETH NAME NAME 1411 Lake COOK Rd. HN STREET ADDRESS 485 HALF DAY ROAD SUITE 300 STREET ADDRESS BUFFALO GROVE, IL 600896548 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change **Addition** SHELDON, JEROME NAME NAME Robert Zim 411 Lake Cook Rd. 4W STREET ADORESS 485 HALF DAY ROAD SUITE 300 STREET ADDRESS BUFFALO GROVE, IL 600896548 CITY-ST-ZIP CITY-ST-ZIP Deerfield IL Delete TITLE CEOD TITLE ☐ Change Addition NAME RAI, RAJAT NAME Paul Hash apa Half Day Pd., Suite 300 STREET ADDRESS 485 HALF DAY ROAD, SUITE 300 STREET ADDRESS CITY-ST-ZIP BUFFALO GROVE, IL 60089 CITY-ST-ZIP Detete TITLE ☐ Change TITLE EDWARD, BLECHSCHMIDT DIRECTO NAME NAME Dev la STREET ADDRESS 485 HALF DAY ROAD SUITE 300 STREET ADDRESS BUFFALO GROVE, IL 60089 CITY-ST-7IP Falo Grove CITY-ST-7/P TITLE Delete TITLE ☐ Change Addition HENIKOFF, LEO NAME NAME STREET ADDRESS 485 HALF DAY ROAD SUITE 300 STREET ADDRESS BUFFALO GROVE, IL 600896548 CITY-ST-ZIP CITY-ST-ZIP Ru Ffzlo I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED



ATTACHMENT

40103226

Treasurer

Margarita E. Kellen

485 Half Day Road, Suite 300 Buffalo Grove, IL 60089-8806

Assistant Treasurer David Woodbridge

485 Half Day Road, Suite 300 Buffalo Grove, IL 60089-8806