


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90020 025 ***150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 68-0017853	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KAPOOR, JOHN N. 485 HALF DAY ROAD, SUITE 300 BUFFALO GROVE, IL 60089	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stanley Blaylock 1411 Lake Cook Rd., 4N Deerfield IL 60015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAMOWITZ, KENNETH 485 HALF DAY ROAD SUITE 300 BUFFALO GROVE, IL 600896548	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alan Rosnick 1411 Lake Cook Rd., 4N Deerfield IL 60015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELDON, JEROME 485 HALF DAY ROAD SUITE 300 BUFFALO GROVE, IL 600896548	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Zimmerman 1411 Lake Cook Rd., 4N Deerfield IL 60015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD RAI, RAJAT 485 HALF DAY ROAD, SUITE 300 BUFFALO GROVE, IL 60089	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Paul Masfara 485 Half Day Rd, Suite 300 Buffalo Grove IL 60015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARD, BLECHSCHMIDT DIRECTO 485 HALF DAY ROAD SUITE 300 BUFFALO GROVE, IL 60089	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd Sec. Joseph Bonaccorsi 485 Half Day Rd, Suite 300 Buffalo Grove IL 60089	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENIKOFF, LEO 485 HALF DAY ROAD SUITE 300 BUFFALO GROVE, IL 600896548	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. Lori Zaitek 485 Half Day Rd. Suite 300 Buffalo Grove IL 60015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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: <u>Joseph Bonaccorsi</u> 05/14/08 800/879-6157 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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ADDITIONAL OFFICERS

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