

P15939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

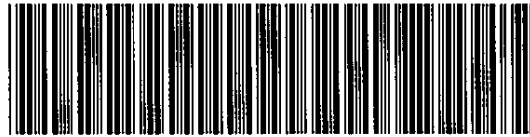
(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:



600155598796

05/07/09--01038--008 **35.00

W

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY -7 AM 11:05

Roberts MAY 13 2009



OPTIONcare

May 5, 2009

Via UPS Next Day Air

Florida Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Application by Foreign Corporation for Withdrawal of Authority to Transact
Business or Conduct Affairs in Florida
Option Care, Inc. – Document P15939

Dear Sir or Madam:

Enclosed please find a completed Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida for Option Care, Inc., Document number P15939 along with the \$35.00 filing fee. Option Care, Inc. no longer conducts business in the State of Florida.

Should you have any questions or require additional information, I may be reached at (847) 229-7789, via e-mail at robin.vancleave@walgreens.com or via facsimile at (847) 913-9024.

Sincerely,

A handwritten signature in black ink, appearing to read "Robin E. Van Cleave".

Robin E. Van Cleave
Manager, Legal Department

Enclosure

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Option Care, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P15939

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

Robin Van Cleave

(Name of Person)

Walgreens-OptionCare

(Firm/Company)

485 Half Day Road, Suite 300

(Address)

Buffalo Grove, IL 60089-8806

(City/State and Zip code)

For further information concerning this matter, please call:

Robin Van Cleave

(Name of Person)

at (847) 229-7789

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Option Care, Inc.

(Name of Corporation)

P15939

(Document Number of Corporation (if known))

California

(Incorporated Under Laws of)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY -7 AM 11:05

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

485 Half Day Road, Suite 300

(Mailing Address)

Buffalo Grove, IL 60089-8806

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Lori Zsitek
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

05/05/2009
(Date)

Lori Zsitek

(Typed or printed name of person signing)

Vice President

(Title of person signing)

FILING FEE \$35