FILED

Jan 27, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Secretary of State DOCUMENT # P15939 01-27-2003 90163 003 ***150.00 1. Entity Name OPTION CARE, INC. Principal Place of Business Mailing Address PHATALOA 485 HALF DAY ROAD 485 HALF DAY ROAD SUITE 300 SHITE 300 BUFFALO GROVE IL 60089-6548 BUFFALO GROVE IL 60089-6548 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 68-0017853 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Addition Kapoor, John N. NAME Kapoor, John N. 485 Half Day Road, Suite 225 E. DEERPATH #250 STREET ADDRESS STREET ADDRESS LAKE FOREST IL-CITY-ST-ZIP CITY-ST-ZIP Buffalo Grove, IL 60089 TITLE ☐ Delete TITLE Change Abramowitz, Kenneth 485 Half Day Road, Suite 300 NAME ANDRESS, JAMES NAME STREET ADDRES STREET ADDRESS 485 HALF DAY ROAD SUITE 300 CITY-ST-ZIP CITY-ST-ZIF BUFFALO GROVE IL 60089-6548 Buffalo Grove, 16 60089 TITLE-☐ Delete -TITLE - Change - - Addition NAME SHELDON, JEROME NAME STREET ADDRESS 485 HALF DAY ROAD SUITE 300 STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP BUFFALO GROVE IL 60089-6548 Change TITLE PD ☐ Delete TITLE DD ☐ Addition NAME NAME Rai, Rajat 485 Halt Day Road, Suite 300 rai, rajat STREET ADDRESS 100 CORPORATE NORTH, SUITE 212 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BANNOCKBURN-IL 60015-Buffalo Grove, IL 60089 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME HUSSEY, JAMES STREET ADDRESS STREET ADDRESS 485 HALF DAY ROAD SUITE 300 CITY-ST-ZIP CITY-ST-ZIP BUFFALO GROVE IL 60089-6548 TITLE ☐ Delete TITLE Channe Addition NAME HENIKOFF, LEO NAME STREET ADDRESS 485 HALF DAY ROAD SUITE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BUFFALO GROVE IL 60089-6548 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE:

KENDELBE REJOSER ESONACCORI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

485 Half Day Road Suite 300 Buffalo Grove, IL 60089

(847) 465-2100 (847) 913-8974 Fax

Affachments

VIA US MAIL

January 21, 2003

Division of Corporations Uniform Business Report P.O. Box 1500 Tallahassee, FL 32302-1500

Re: 2003 Uniform Business Report Document #P15939

Dear Sir or Madam:

Enclosed please find the 2003 Uniform Business Report for Option Care, Inc.

Should you have any questions regarding the enclosed information please contact me directly at (800)879-6137 extension 7721 or via email at <u>sgesky@optioncare.net</u>.

Sincerely,

Sara Gesky Legal Secretary

Enclosure ·