2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR -2 PM 12:55

DOCUMENT # P97000046782

1. Entity Name
CYPRESS HOME MEDICAL, INC.

Principal Place of Business
11341 LINBERGH BLVD
FORT MYERS, FL 33913

Mailing Address
11341 LINBERGH BLVD
FORT MYERS, FL 33913

03102008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 485 Half Day Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 300
City & State	City & State Buffalo Grove IL
Zip / Country	Zip 60089-8806 / Country USA

4. FEI Number 65-0756463 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	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 _____
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
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAI, RAJAT CEO/PRE 485 HALF DAY ROAD, SUITE 300 BUFFALO GROVE, IL 60089 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Lori Zsitek 485 Half Day Rd. Buffalo Grove, IL. 60089. ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC BONACCORSI, JOSEPH P SEC 485 HALF DAY ROAD, SUITE 300 BUFFALO GROVE, IL 60089 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO / Treasurer. Margarita Kellen. 104 Wilmot Rd. Deerfield, IL. 60015 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASTRAPA, PAUL ~~TREA~~ President 485 HALF DAY ROAD, SUITE BUFFALO GROVE, IL 6089 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Treasurer David Woodbridge. 200 Wilmot Rd. Deerfield, IL. 60015 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 4/3/08 ☐ Change ☐ 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: JBonaccorsi Joseph Bonaccorsi 4/3/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #