



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Foreign Business Corporation  
Annual Report**

*Filing Period: January 1 - March 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2009

**1. Corporate ID No.** 000121741

**2. Name of Corporation** Option Care Enterprises, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 485 HALF DAY ROAD, SUITE 300

City or Town: BUFFALO GROVE

State: IL Zip: 60089-6548 Country: USA

**4. Business Phone No.**

8008796137

**5. State of Incorporation**

State: DE

**6. Brief Description of the Character of Business Conducted in Rhode Island**

OPERATION OF HEALTH CARE COMPANY INCLUDING THE PROVISION OF NURSING, PHARMACY, RESPIRATORY THERAPY, HOME INFUSION, DURABLE MEDICAL EQUIPMENT AND RELATED BILLING AND COLLECTION ACTIVITIES.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	PAUL MASTRAPA	485 HALF DAYD ROAD, SUITE 300 BUFFALO GROVE, IL 60089 USA
SECRETARY	JOSEPH BONACCORSI	485 HQALF DAY ROAD, SUITE 300 BUFFALO GROVE, IL 60089 USA
CFO/TREASURER	MARGARITA KELLEN	200 WILMOT ROAD DEERFIELD, IL 60015 USA
VICE PRESIDENT	LORI ZSITEK	485 HALF DAY ROAD, SUITE 300 BUFFALO GROVE, IL 60089 USA

### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.00	1,500.00	1000

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 12 Day of February, 2009 at 2:17:28 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JOSEPH BONACCORSI  
Signature of Authorized Representative of the Corporation

SECRETARY  
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07

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