

No. C 106178		Due no later than May 31, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. OPTION HOME HEALTH CARE SERVICES, INC. ROBIN E VAN CLEAVE 485 HALF DAY ROAD SUITE 300 BUFFALO GROVE IL 60089-8806 USA		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702 USA			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	LORI ZSITEK	485 HALF DAY ROAD SUITE 300	BUFFALO GROVE	IL	USA	60089-8806	
TREASURER	MARGARITA KELLEN	300 WILMOT ROAD MAIL STOP 3301	DEERFEILD	IL	USA	60015-8806	
PRESIDENT	PAUL MASTRAPA	485 HALF DAY ROAD SUITE 300	BUFFALO GROVE	IL	USA	60089-8806	
SECRETARY	ROBERT SILVERMAN	104 WILMOT ROAD	DEERFIELD	IL	USA	60015-5121	
5. Organized Under the Laws of: WA C 106178		6. Annual Report must be signed.* Signature: Paul Mastrapa Name (type or print): Paul Mastrapa					
		Date: 04/07/2010 Title: President					
Processed 04/07/2010		* Electronically provided signatures are accepted as original signatures.					