

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005165

FILED
Jan 03, 2008
Secretary of State

Entity Name: BIOSCRIP INFUSION SERVICES, LLC

Current Principal Place of Business:

192 THE AMERICAN ROAD
MORRIS PLAINS, NJ 07950

New Principal Place of Business:

102 THE AMERICAN ROAD
MORRIS PLAINS, NJ 07950

Current Mailing Address:

192 THE AMERICAN ROAD
MORRIS PLAINS, NJ 07950

New Mailing Address:

102 THE AMERICAN ROAD
MORRIS PLAINS, NJ 07950

FEI Number: 52-1959962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FRIEDMAN, RICHARD
Address: 100 CLEARBROOK ROAD
City-St-Zip: ELMSFORD, NY 10523

Title: MGR () Delete
Name: POSNER, BARRY A
Address: 100 CLEARBROOK ROAD
City-St-Zip: ELMSFORD, NY 10523

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: RAFANELLI, SAL J
Address: 102 THE AMERICAN ROAD
City-St-Zip: MORRIS PLAINS, NJ 07950

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SAL J. RAFANELLI

MGR

01/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date