

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000005031

**Entity Name:** CORAM SPECIALTY INFUSION SERVICES, L.L.C.

**Current Principal Place of Business:**

1 CVS DRIVE  
WOONSOCKET, RI 02895

**Current Mailing Address:**

1 CVS DRIVE  
WOONSOCKET, RI 02895 US

**FEI Number: 58-1813486**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

Title            PRESIDENT, TREASURER  
Name            BOLGAR, WILLIAM J  
Address        12600 EAST ARAPAHOE ROAD  
                 SUITE A  
City-State-Zip: CENTENNIAL CO 80112

Title            VP, SECRETARY  
Name            MOFFATT, THOMAS S  
Address        1 CVS DRIVE  
City-State-Zip: WOONSOCKET RI 02895

Title            ASSISTANT SECRETARY  
Name            DESOUSA, KIMBERLY M  
Address        1 CVS DRIVE  
City-State-Zip: WOONSOCKET RI 02895

Title            MGRM  
Name            T2 MEDICAL, INC.  
Address        1 CVS DRIVE  
City-State-Zip: WOONSOCKET RI 02895

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KIMBERLEY M DESOUSA**

**ASSISTANT SECRETARY    04/26/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date