

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000005031

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

**Current Principal Place of Business:**

ONE CVS DR  
WOONSOCKET, RI 02895

**Current Mailing Address:**

ONE CVS DR  
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 PT  
Name BOLGAR, WILLIAM J  
Address 555 17TH ST, STE 1500  
City-State-Zip: DENVER CO 80202

Title VPS  
Name MOFFATT, THOMAS S  
Address ONE CVS DR  
City-State-Zip: WOONSOCKET RI 02895

Title AT  
Name BEAULIEU, SHEELAGH M  
Address 200 HIGHLAND CORPORATE DR  
City-State-Zip: CUMBERLAND RI 02864

Title AT  
Name CLARK, JEFFREY E  
Address 200 HIGHLAND CORPORATE DR  
City-State-Zip: CUMBERLAND RI 02864

Title AS  
Name CIMBRON, LINDA M  
Address ONE CVS DR  
City-State-Zip: WOONSOCKET RI 02895

Title AS  
Name DESOUSA, KIMBERLY M  
Address ONE CVS DR  
City-State-Zip: WOONSOCKET RI 02895

Title AS  
Name LUKER, MELANIE K  
Address ONE CVS DR  
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: MELANIE K LUKER**

**ASSISTANT SECRETARY 04/24/2019**

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

\_\_\_\_\_  
Date