

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