2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# F96000002955

Entity Name: BIOSCRIP PHARMACY, INC.

Current Principal Place of Business:

10500 CROSSTOWN CIRCLE
SUITE 300
EDEN PRAIRIE, MN 55344 US

New Principal Place of Business:

Current Mailing Address:

10500 CROSSTOWN CIRCLE
300
EDEN PRAIRIE, MN 55344 US

New Mailing Address:

FEI Number: 41-1841437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	TREA	( ) Delete
Name:	ROSENBAUM, STANLEY	
Address:	10500 CROSSTOWN CIRCLE, SUITE 300	
City-St-Zip:	EDEN PRAIRIE, MN 55344	
Title:	S	( ) Delete
Name:	POSNER, BARRY A	
Address:	10500 CROSSTOWN CIRCLE, SUITE 300	
City-St-Zip:	EDEN PRAIRIE, MN 55344	
Title:	PC	( ) Delete
Name:	FRIEDMAN, RICHARD H	
Address:	10500 CROSSTOWN CIRCLE, SUITE 300	
City-St-Zip:	EDEN PRAIRIE, MN 55344	
Title:	VP	( ) Delete
Name:	BREWER, JOHN	
Address:	10050 CROSSTOWN CIRCLE, SUITE 300	
City-St-Zip:	EDEN PRAIRIE, MN 55344	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY POSNER S 04/23/2008

Electronic Signature of Signing Officer or Director Date