

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000005165

**Entity Name:** BIOSCRIP INFUSION SERVICES, LLC

**Current Principal Place of Business:**

3000 LAKESIDE DRIVE  
SUITE 300N  
BANNOCKBURN, IL 60015-5405

**Current Mailing Address:**

3000 LAKESIDE DRIVE  
SUITE 300N  
BANNOCKBURN, IL 60015-5405 US

**FEI Number:** 52-1959962

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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           MANAGER  
Name           SHAPIRO, MICHAEL  
Address       3000 LAKESIDE DRIVE  
                  SUITE 300N  
City-State-Zip: BANNOCKBURN IL 60015-5405

Title           MANAGER  
Name           SMYSER, COLLIN  
Address       3000 LAKESIDE DRIVE  
                  SUITE 300N  
City-State-Zip: BANNOCKBURN IL 60015-5405

Title           MANAGER  
Name           BIOSCRIP PBM SERVICES, LLC  
Address       3000 LAKESIDE DRIVE  
                  SUITE 300N  
City-State-Zip: BANNOCKBURN IL 60015-5405

*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:** COLLIN SMYSER

**MANAGER**

**04/18/2024**

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

\_\_\_\_\_  
Date