

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000005165

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

**Current Principal Place of Business:**

1600 BROADWAY  
SUITE 700  
DENVER, CO 80202

**Current Mailing Address:**

1600 BROADWAY  
SUITE 700  
DENVER, CO 80202 US

**FEI Number:** 52-1959962

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN STREET  
STE 4  
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 SR VP, GENERAL COUN,  
SECRETARY, DIRECTOR, MANAGER  
Name STALMACK, KATHRYN  
Address 1600 BROADWAY  
SUITE 700  
City-State-Zip: DENVER CO 80202

Title SR VP, CFO, TREASURER,  
DIRECTOR, MANAGER  
Name DEITSCH, STEPHEN M  
Address 1600 BROADWAY  
SUITE 700  
City-State-Zip: DENVER CO 80202

Title PRESIDENT, CEO, DIRECTOR,  
MANAGER  
Name GREENLEAF, DANIEL E  
Address 1600 BROADWAY  
SUITE 700  
City-State-Zip: DENVER CO 80202

*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:** KATHRYN STALMACK

**SECRETARY**

**04/13/2018**

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

\_\_\_\_\_  
Date