## 2025 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

**FILED** Jan 13, 2025

**Secretary of State** 

2001419178CC

Authorized Person(s) Detail:

Title **MANAGER** Title MANAGER

SMYSER, COLLIN SHAPIRO, MICHAEL Name Name

Address 3000 LAKESIDE DRIVE Address 3000 LAKESIDE DRIVE SUITE 300N

SUITE 300N

BANNOCKBURN IL 60015-5405 BANNOCKBURN IL 60015-5405 City-State-Zip: City-State-Zip:

Title **MANAGER** 

BIOSCRIP PBM SERVICES, LLC Name

3000 LAKESIDE DRIVE Address

SUITE 300N

BANNOCKBURN IL 60015-5405 City-State-Zip:

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.

01/13/2025 SIGNATURE: SMYSER, COLLIN **MANAGER**