

**2014 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M07000005165

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

**Current Principal Place of Business:**

100 CLEARBROOK ROAD  
ELMSFORD, NY 10053

**Current Mailing Address:**

100 CLEARBROOK ROAD  
ELMSFORD, NY 10053

**FEI Number:** 52-1959962

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 SMITH, RICHARD M  
Address 100 CLEARBROOK ROAD  
City-State-Zip: ELMSFORD NY 10523

Title MANAGER  
Name SEAH, KIMBERLEE  
Address 100 CLEARBROOK ROAD  
City-State-Zip: ELMSFORD NY 10523

Title MANAGER  
Name PONZIO, JR., VITO  
Address 100 CLEARBROOK ROAD  
City-State-Zip: ELMSFORD NY 10053

Title VP, FINANCE AND TREASURER  
Name BOGUSZ, PATRICIA A  
Address 10050 CROSSTOWN CIRCLE  
SUITE 300  
City-State-Zip: EDEN PRAIRIE MN 55344

Title VP, ASSOCIATE GENERAL COUNSEL  
Name MELANCON, JAMES P  
Address 1005 W. 9TH AVENUE  
SUITE B  
City-State-Zip: KING OF PRUSSIA PA 19406

*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: KIMBERLEE C. SEAH**

**MANAGER**

**09/15/2014**

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

\_\_\_\_\_  
Date