

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M24000004488

Entity Name: CLINICAL SPECIALTY INFUSIONS OF DALLAS, LLC

Current Principal Place of Business:

459 E. NEW BOSTON ROAD
NASH, TX 75569

Current Mailing Address:

459 E. NEW BOSTON ROAD
NASH, TX 75569 US

FEI Number: 81-1177414

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

URS AGENTS, LLC
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 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 MEMBER
Name CSI PHARMACY HOLDING COMPANY, LLC
Address 459 E. NEW BOSTON ROAD
City-State-Zip: NASH TX 75569

Title MANAGER CPO
Name LEMLEY, JACK
Address 459 E. NEW BOSTON ROAD
City-State-Zip: NASH TX 75569

Title MANAGER CCO
Name YORK, JAY
Address 459 E. NEW BOSTON ROAD
City-State-Zip: NASH TX 75569

Title CEO, PRESIDENT, DIRECTOR
Name SHEETS, JAMES
Address 459 E. NEW BOSTON ROAD
City-State-Zip: NASH TX 75569

Title MANAGER CSO
Name BROYLES, RANDY
Address 459 E. NEW BOSTON ROAD
City-State-Zip: NASH TX 75569

Title CFO, MANAGER
Name PIERCE, JASON
Address 459 E. NEW BOSTON ROAD
City-State-Zip: NASH TX 75569

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: JAMES SHEETS

CEO

04/07/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date