

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	214550121				
1.) CORPORATION NAME: <b>Coram Specialty Infusion Services, Inc.</b>		DUE DATE: <b>11/30/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CORPORATION SERVICE COMPANY          Bank of America Center, 16th Floor          1111 East Main Street</b>		SCC ID NO: <b>F1273855</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND CITY</b>		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	500
CLASS	AUTHORIZED					
COMMON	500					
4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>						
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 555 17TH STREET SUITE 1500  CITY/ST/ZIP: DENVER, CO 80202						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: ROBERT T ALLEN TITLE: TREAS/PRES/CFO ADDRESS: 555 17TH STREET SUITE 1500 CITY/ST/ZIP/CO: DENVER, CO 80202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: MICHAEL E DELL TITLE: VP/SEC/GEN.COUN ADDRESS: 555 17TH STREET SUITE1500 CITY/ST/ZIP/CO: DENVER, CO 80202	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.						
/s/ MICHAEL E DELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL E DELL, VP/SEC/GEN.COUN PRINTED NAME AND CORPORATE TITLE	11/14/2014 DATE				
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.						