

F09000000390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

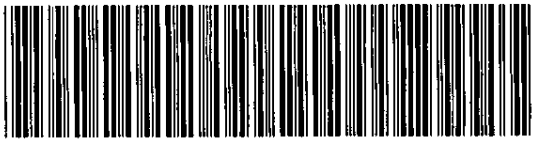
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Name Change
Amend

RECEIVED
DEPARTMENT OF STATE
14 OCT - 2 PM 4: 1

FILED
2014 OCT - 2 PM 4: 28
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

10/3/14



CORPORATION, SERVICE COMPANY.

ACCOUNT NO. : I20000000195
REFERENCE : 318494 4392992
AUTHORIZATION : *[Handwritten Signature]*
COST LIMIT : \$ 35,000

ORDER DATE : September 29, 2014
ORDER TIME : 11:10 AM
ORDER NO. : 318494-050
CUSTOMER NO: 4392992

FOREIGN FILINGS

NAME: NATIONAL REHAB EQUIPMENT, INC.

XX CORPORATE

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd - EXT#62940

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: National Rehab Equipment, Inc.
Name of Corporation

DOCUMENT NUMBER: F09000000390

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person
Corporation Service Company
Firm/Company
Address
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen M. Pineda at (415) 983-2919.
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35.00 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F09000000390

(Document number of corporation (if known))

FILED
2011 OCT -2 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. National Rehab Equipment, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Pennsylvania 3. 01/29/2009
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 10/1/2014

5. McKesson Patient Care Solutions Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

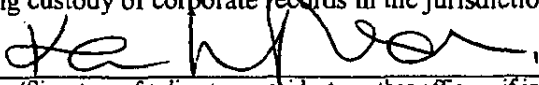
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Karen M. Pineda

(Typed or printed name of person signing)

Asst. Secretary

(Title of person signing)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

October 2, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY, That from an examination of the indices and Records of this Department, it appears that Articles of Amendment were filed pursuant to the laws of the Commonwealth of Pennsylvania on October 1, 2014, for NATIONAL REHAB EQUIPMENT, INC., a Pennsylvania corporation, incorporated July 15, 1993, whereby the corporate name was changed to McKesson Patient Care Solutions Inc.

I DO FURTHER CERTIFY, That this shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

A handwritten signature in cursive script, appearing to read "Carol Aichele".

Secretary of the Commonwealth

Certificate Number: 12148686-1

Verify this certificate online at <http://www.corporations.state.pa.us/Corp/SOSKB/verify.asp>