

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01901

FILED
Apr 27, 2007
Secretary of State

Entity Name: MCKESSON MEDICAL-SURGICAL MEDIMART INC.

Current Principal Place of Business:

8121 10TH AVE. N.
GOLDEN VALLEY, MN 55427

New Principal Place of Business:

8121 10TH AVENUE NORTH
GOLDEN VALLEY, MN 55427

Current Mailing Address:

ONE POST STREET, 33RD FLOOR
ATTN: MELISSA WU
SAN FRANCISCO, CA 94104

New Mailing Address:

FEI Number: 41-1240386 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: BURKE, LAWRENCE J
Address: 8741 LANDMARK ROAD
City-St-Zip: RICHMOND, VA 23228

Title: AS () Delete
Name: WU, MELISSA
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

Title: V () Delete
Name: BESKE, GAIL
Address: 8121 10TH AVE N
City-St-Zip: GOLDEN VALLEY, MN

Title: VTD () Delete
Name: LOIACONO, NICHOLAS A
Address: ONE POST ST.
City-St-Zip: SAN FRANCISCO, CA 94104

Title: VSD () Delete
Name: VEACO, KRISTINA
Address: ONE POST ST.
City-St-Zip: SAN FRANCISCO, CA 94104

Title: D () Delete
Name: TYLER, BRIAN S
Address: 8741 LANDMARK ROAD
City-St-Zip: RICHMOND, VA 23228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: BESKE, GAIL
Address: 8121 10TH AVENUE NORTH
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change () Addition
Name: BOGAN, WILLIE C
Address: ONE POST ST.
City-St-Zip: SAN FRANCISCO, CA 94104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA WU

AS

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date