

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000390

Entity Name: MCKESSON PATIENT CARE SOLUTIONS INC.

Current Principal Place of Business:

ONE POST STREET
SAN FRANCISCO, CA 94104

Current Mailing Address:

ONE POST STREET
SAN FRANCISCO, CA 94104 US

FEI Number: 23-2736822

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

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name MCCOMB, STANTON J
Address 9954 MARYLAND DRIVE
 SUITE 4000
City-State-Zip: RICHMOND VA 23233

Title SECRETARY
Name LAU, MICHELE
Address ONE POST STREET
City-State-Zip: SAN FRANCISCO CA 94104

Title DIRECTOR, TREASURER
Name SKANSI, TIMOTHY A
Address 9954 MARYLAND DRIVE
 SUITE 4000
City-State-Zip: RICHMOND VA 23233

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 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 all other like empowered.

SIGNATURE: MICHELE LAU

SECRETARY

04/20/2018

Electronic Signature of Signing Officer/Director Detail

Date