

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000390

Entity Name: MCKESSON PATIENT CARE SOLUTIONS INC.**Current Principal Place of Business:**600 LINDBERGH DRIVE
MOON TOWNSHIP, PA 15108**Current Mailing Address:**6535 STATE HIGHWAY 161
IRVING, TX 75039 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	ASST. SECRETARY
Name	ALLEN, DANA B
Address	6555 NORTH STATE HIGHWAY 161
City-State-Zip:	IRVING TX 75039

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

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

Title	DIRECTOR, VP, TREASURER
Name	SKANSI, TIMOTHY A
Address	9954 MAYLAND 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****01/29/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date