

**2016 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        8741 LANDMARK ROAD  
City-State-Zip: RICHMOND VA 23228

Title            SECRETARY, DIRECTOR  
Name            SAIA, JOHN G  
Address        ONE POST STREET  
City-State-Zip: SAN FRANCISCO CA 94104

Title            TREASURER, DIRECTOR  
Name            ENSLOW, TERRY E  
Address        ONE POST STREET  
City-State-Zip: SAN FRANCISCO CA 94104

*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:** JOHN G SAIA

**SECRETARY**

**04/19/2016**

Electronic Signature of Signing Officer/Director Detail

Date