

**2019 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            PRESIDENT, DIRECTOR  
Name           MCCOMB, STANTON J  
Address        9954 MAYLAND DRIVE  
                 SUITE 4000  
City-State-Zip: RICHMOND VA 23233

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

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

Title            ASST. SECRETARY  
Name           LANGFORD, CAROL T  
Address        2 NATIONAL DATA PLAZA NE  
City-State-Zip: ATLANTA GA 30329

*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:** CAROL T LANGFORD

ASST. SECRETARY

04/17/2019

Electronic Signature of Signing Officer/Director Detail

Date