

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01901

**Entity Name:** MCKESSON MEDICAL-SURGICAL MEDIMART INC.

**Current Principal Place of Business:**

9954 MAYLAND DRIVE  
SUITE 4000  
RICHMOND, VA 23233

**FILED**  
**Apr 16, 2023**  
**Secretary of State**  
**8714525172CC**

**Current Mailing Address:**

6535 STATE HIGHWAY161  
IRVING, TX 75039 US

**FEI Number: 41-1240386**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 PATE, JULIET  
Address 9954 MAYLAND DRIVE  
SUITE 4000  
City-State-Zip: RICHMOND VA 23233

Title SECRETARY  
Name BRAU, SARALISA  
Address 9954 MAYLAND DRIVE  
SUITE 4000  
City-State-Zip: RICHMOND VA 23233

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

Title DIRECTOR, TREASURER  
Name STATION, WILL  
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: JULIET PATE**

**ASST SECRETARY**

**04/16/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date