

2015 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01901

Entity Name: MCKESSON MEDICAL-SURGICAL MEDIMART INC.**Current Principal Place of Business:**8121 10TH AVENUE NORTH
GOLDEN VALLEY, MN 55427**Current Mailing Address:**8121 10TH AVENUE NORTH
GOLDEN VALLEY, MN 55427 22**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	PRESIDENT, DIRECTOR
Name	MCCOMB, STANTON
Address	8741 LANDMARK ROAD
City-State-Zip:	RICHMOND VA 23228

Title	VP, TREASURER, DIRECTOR
Name	TERRY, ENSLOW
Address	8741 LANDMARK RD
City-State-Zip:	RICHMOND VA 23228

Title	VP, SECRETARY, DIRECTOR
Name	BOGAN, WILLIE C
Address	ONE POST ST
City-State-Zip:	SAN FRANCISCO CA 94104

Title	VICE PRESIDENT AND CHIEF OPERATING OFFICER
Name	PHILBRICK, TODD J.
Address	540 LINDBERGH DRIVE
City-State-Zip:	MOON TOWNSHIP PA 15108

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: WILLIE C. BOGAN

VP AND SECRETARY

09/23/2015

Electronic Signature of Signing Officer/Director Detail_____
Date