

A9700000761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700287392107

1000

2016 JUN 30 AM 6:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


1000

15 JUL 30 AM 10:51

K. GALT  
EXAMINER

JUL -1 -

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 196943 4392992  
AUTHORIZATION :   
COST LIMIT : \$ 52.50

ORDER DATE : June 28, 2016  
ORDER TIME : 9:52 AM  
ORDER NO. : 196943-020  
CUSTOMER NO: 4392992

DOMESTIC FILINGS

NAME: PHYSICIAN SALES & SERVICE  
LIMITED PARTNERSHIP

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY  
           CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT# 62956

EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Physician Sales & Service Limited  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership) Partnership

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Xavier Pineda  
(Contact Person)

McKesson Corporation  
(Firm/Company)

One Post St.  
(Address)

San Francisco CA 94111  
(City, State and Zip Code)

For further information concerning this matter, please call:

Xavier Pineda at (415) 783-5915  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**CERTIFICATE OF DISSOLUTION  
FOR**

**Physician Sales & Service Limited Partnership**

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

**FILED**  
**2016 JUN 30 AM 6:23**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 4/2/1997, assigned Florida document number A97000000761, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution)

All of Physician Sales & Service Limited Partnership's assets has been

transferred to McKesson Medical-Surgical Inc.

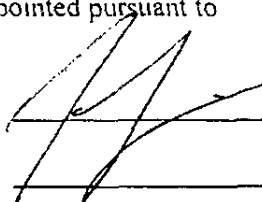
**SECOND:** ☐ A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: July 1, 2016

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

John G. Saia, VP & Secretary, PSS World  
Medical Inc., as General Partner



**Filing Fee:** \$52.50  
**Certified Copy (optional):** \$52.50  
**Certificate of Status (optional):** \$8.75