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Division of Corporations Page 1 of 1

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1515

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TALLAHASSEE, FLORIDA

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APR 12 2010
EXAMINER

FLORIDA/FOREIGN LP/LLLP

MCKESSON SPECIALTY CARE DISTRIBUTION JOINT VENTURE L

Certificate of Status	0
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Page Count	~~06~~ 7
Estimated Charge	$1,000.00

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March 25, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SAC 32158

CORPORATION SERVICE COMPANY

SUBJECT: MCKESSON SPECIALTY CARE DISTRIBUTION JOINT VENTURE LP
REF: W10000014732

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

1. The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

2. Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

FAX Aud. #: H10000062313
Letter Number: 710A00007326

4-8-10

RECEIVED
10 APR -9 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

1. McKesson Specialty Care Distribution Joint Venture LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include one of the following Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.)

(If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida, must contain acceptable suffix.)

2. Delaware (State or Country of Formation)

3. July 8, 1993 (Date of Formation)

4. The Prentice-Hall Corporation System, Inc. (Name of Registered Agent for Service of Process)

5. 1201 Hays Street, Suite 105 (Florida street address for Registered Agent)

Tallahassee, FL 32301

6. *I/we sign to accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my/our duties, and I am familiar with and accept the obligations of my/our position as registered agent.*

The Prentice-Hall Corporation System, Inc.
By: [signature] (Signature of Registered Agent)

SECRETARY OF STATE TALLAHASSEE, FLORIDA
2010 APR -8 AM 8:56
FILED
Cannie L. Dunlap Vice President

7. One Post Street (Principal office address)

San Francisco, CA 94104

8. If limited partnership is a limited liability limited partnership, check box ☐

9 One Post Street, 35th Floor
(Mailing address)

San Francisco, CA 94104

10 Name, principal office address, and mailing address of each general partner

Oncology Therapeutics Network Corporation (Name)	One Post Street (Street Address)
F10-1699	San Francisco, CA 94104
	Same as above (Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)

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TALLAHASSEE, FLORIDA

(Name) (Street Address)

(Mailing Address)

(Name) (Street Address)

(Mailing Address)

11. Effective date, if other than the date of filing upon filing

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

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 16th day of March 20 10

Signature of a general partner

Karen M. Pineda, Assistant Secretary
Oncology Therapeutics Network Corporation as
General Partner

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TALLAHASSEE, FLORIDA

Filing Fees:	**$1,000.00** ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional):	**$52.50**
Certificate of Status (optional):	**$8.75**

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "MCKESSON SPECIALTY CARE DISTRIBUTION JOINT VENTURE LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF LIMITED PARTNERSHIP, FILED THE EIGHTH DAY OF JULY, A.D. 1993, AT 4:30 O'CLOCK P.M.

CERTIFICATE OF RESTORATION, FILED THE SEVENTEENTH DAY JULY, A.D. 1995, AT 9 O'CLOCK A.M.

CERTIFICATE OF MERGER, FILED THE ELEVENTH DAY OF MAY, 2005, AT 4:04 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE SIXTEENTH DAY OF JANUARY, A.D. 2008, AT 5:15 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "ONCOLOGY THERAPEUTICS NETWORK JOINT VENTURE, L.P." TO "MCKESSON SPECIALTY CARE DISTRIBUTION JOINT VENTURE LP", FILED THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2008, AT 1:43 O'CLOCK P.M.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 7877107

DATE: 03-18-10

Delaware

The First State

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED PARTNERSHIP, "MCKESSON SPECIALTY CARE DISTRIBUTION JOINT VENTURE LP".

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MCKESSON SPECIALTY CARE DISTRIBUTION JOINT VENTURE LP" WAS FORMED ON THE EIGHTH DAY OF JULY, A.D. 1993.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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TALLAHASSEE, FLORIDA

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Jeffrey W. Bullock, Secretary of State

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DATE: 03-18-10