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	ACCOUNT NO.	:	I2000000195	
	REFERENCE	:	151267 4392992	
	AUTHORIZATION	: (Spullete man	
	COST LIMIT	:	\$ 52.50	
ORDER DATE :	May 23, 2014			: 1
ORDER TIME :	8:40 AM			
ORDER NO. :	151267-010			ť
CUSTOMER NO:	4392992			

FOREIGN FILINGS

NAME: MCKESSON SPECIALTY CARE DISTRIBUTION JV LP

XX LIMITED PARTNERSHIP

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd - EXT# 62940

EXAMINER:

NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

McKesson Specialty Care Distribution Joint Venture LP (Name of limited partnership or limited liability limited partnership) Delaware (Jurisdiction of formation) (Date authorized to transact business in Florida) This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S. This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state. Effective date, if other than the date of 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.) Signature of a general partner:

Typed or printed name:

Oncology Therapeutics Network Corporation, General Partner

by: Willie Bogan, VP and Secretary

Filing Fee:

\$52.50

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75