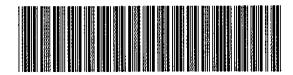
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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T. Burch JUN 1 0 2013



UN SEKVICE CUMPANT
ACCOUNT NO. : 12000000195
REFERENCE : 678452 4392992
AUTHORIZATION: STORES CONT.
COST LIMIT : \$ 70.00
ORDER DATE : June 6, 2013
ORDER TIME : 3:11 PM
ORDER NO. : 678452-020
CUSTOMER NO: 4392992
FOREIGN FILINGS
NAME: MCKESSON SPECIALTY CARE DISTRIBUTION CORPORATION
XXXX QUALIFICATION (TYPE: CO)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Susie Knight EXT# 52956
EXAMINER:

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

wckesson ob	ecialty Care Distribution Corporation			ಪ
(Enter name of o	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION,"		JHR -7 PG
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting busine	ss in Florid	
Delaware	3	94-3051871	; 3-	ώ. ι/2
	under the law of which it is incorporated)	(FEI number, if applicable)		
07/30/1987	5	Perpetual	•	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or	"perpetual"	")
Upon filing				
		in Florida, if prior to registration) I 502, F.S., to determine penalty liability)		
	One Post Stree			
` <u></u>	(Principal office ad	dress)		
	San Francisco, C	A 94104		
	(Current mailing ad	dress)		
	Pharmaceutical distribution	on and services		
	s) of corporation authorized in home state or c	country to be carried out in state of Florida)		
Name and stre	et address of Florida registered agent: (P	O. Box NOT acceptable)		
Name:	Corporation Service Company		,	
office Address:	1201 Hays Street			
	Tallahassee	. Florida 32301		
	(City)	(Zip code)		
Iaving been nan	application, I hereby accept the appoin	vice of process for the above stated corpo tment as registered agent and agree to ac relative to the proper and complete perfu of my position as registered agent.	t in this ca	pacity.

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

12. Names and business addresses of officers and/or directors:

A. DIRE				
Chairman;	See attached			
Vice Chain	пал:		경	
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	,		=:{	
	, , , , , , , , , , , , , , , , , , ,		<u></u> ९०	
Address: _			Tt	
_				
Director: _				
Address: _				
B. OFFI	CERS			
President:	See attached			
				
	ent;			
Address: _		M. M. J.		
Secretary:				
Address: _				
Treasurer:				
Address: _				
NOTE: 1	necessary, you may attach an addendum to the application listing additional officers and/or	r director	S.	
	Micusa Wu		.	
	Signature of Director or Officer			
The office are true an	r or director signing this document (and who is listed in number 12 above) affirms that the f d that he or she is aware that false information submitted in a document to the Department of	acts state of State c	d herei onstitu	n tes
	ree felony as provided for in s.817.155, F.S.		- -	
14	Melissa Wu, Asst. Secretary		·	
	(Typed or printed name and capacity of person signing application)		•	

McKesson Specialty Care Distribution Corporation - D&O List

Name	Appointment Type	Address Type	Address
Willie C. Bogan	Director	Business	One Post St, San Francisco, CA, 94104, United States
Marc E. Owen	Director	Business	10101 Woodloch Forest, The Woodlands, TX, 77380, United States
Jennifer Smith Webster	Director	Business	10101 Woodloch Forest, The Woodlands, 1X, 7/350, United States
Marc E. Owen	President	Business	10101 Woodloch Forest, The Woodlands, TX, 77380, United States
Wille C. Bogan	Vice President and Secretary	Business	One Post St, San Francisco, CA, 94104, United States
Jennifer Smith Webster	Vice President and Treasurer	Business	10101 Woodloch Forest, The Woodlands, TX, 7/380, United States
Brian Scott Aitken	Assistant Secretary	Business	TUTUI WOOGIOCH Forest, The Woodlands, TX, 7/380, United States
Sarah E. Edinger-Gomez	Assistant Secretary	Business	One Post St, San Francisco, CA, 94104, United States
James M. Humphrey	Assistant Secretary	Business	1220 Senlac Drive, Carrollton, TX 75006, United States
Marcela G. McCarthy	Assistant Secretary	Business	1bb, Pine Street, Suite 250, San Frandsco, CA, 94111, United States
Michael L. McCourt	Assistant Secretary	Business	One Post St, San Francisco, CA, 94104, United States
Karen M. Plneda	Assistant Secretary	Business	One Post St, San Francisco, CA, 94104, United States
Anne J. Shuford	Assistant Secretary	Business	One Post St, San Francisco, CA, 94104, United States
Paul A. Smith	Assistant Secretary	Business	One Post St, San Francisco, CA, 94104, United States
William E. Wagstaff, Jr	Assistant Secretary	Business	One Post St, San Francisco, CA, 94104, United States
Melissa Wu	Assistant Secretary	Business	One Post St, San Francisco, CA, 94104, United States
Matthew E. Zayat	Assistant Secretary	Business	1220 Senlac Drive, Carrollton, TX 75006, United States

FILED

13 JUN -7 PM 4: 26

SECONDARY AND AND

Delaware

DACE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MCKESSON SPECIALTY CARE

DISTRIBUTION CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF

THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL

CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW,

AS OF THE SEVENTH DAY OF JUNE, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MCKESSON SPECIALTY CARE DISTRIBUTION CORPORATION" WAS INCORPORATED ON THE THIRTIETH DAY OF JULY, A.D. 1987.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

13 JUN-7 PH 4: 26

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AUTHENTY CÀTION: 0493509 DATE: 06-07-13

Jeffrey W. Buliock, Secretary of State

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