FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000003972 (5)**

1. Corporation Name

HEALTHCARE DELIVERY SYSTEMS OF ARIZONA, INC.

Principal Place of Business	Mailing Address
C/O MCKESSON CORPORATION/ATTN: L. PEETZ ONE POST ST., SUITE 2950 SAN FRANCISCO CA 94014	C/O MCKESSON CORPORATION/ATTN: L. PEETZ ONE POST ST., SUITE 2950 SAN FRANCISCO CA 94014

3. Date Incorporated or Qualified: **08/17/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 9700 N. 91st Street
Suite, Apt. #, etc.
22 Suite 232
City & State
23 Scottsdale, AZ
Zip 24 85258-5036 Country 25 USA

2a. Mailing Address
26 One Post Street
c/o McKesson Corporation
Suite, Apt. #, etc.
27 29th Floor
Attn: Lorraine E. Peetz
City & State
28 San Francisco, CA
Zip 29 94104 Country 30 USA

4. FEI Number: **94-3205587** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET, SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. * OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	MAHONEY, DAVID L		1.2 NAME		
STREET ADDRESS	ONE POST STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA 94104		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRODERICK, PATRICK A		2.2 NAME		
STREET ADDRESS	ONE POST STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA 94104		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHONG, ARTHUR		3.2 NAME		
STREET ADDRESS	ONE POST STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA 94104		3.4 CITY-ST-ZIP		
TITLE	EV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STANFILL, MICHAEL E		4.2 NAME		
STREET ADDRESS	9700 N 91ST STREET, SUITE 232		4.3 STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE AZ 85260		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOFFMAN, STEVE M		5.2 NAME		
STREET ADDRESS	9700 N 91ST STREET, SUITE 232		5.3 STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE AZ 85260		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PERRY, RANDALL A		6.2 NAME		
STREET ADDRESS	9700 N 91ST STREET, SUITE 232		6.3 STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE AZ 85260		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lorraine E. Peetz Lorraine E. Peetz April 12, 1996 415/983-8331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

*See attached officers' and directors' list

ATTACHMENT TO
PROFIT CORPORATION ANNUAL REPORT
OF
HEALTHCARE DELIVERY SYSTEMS OF ARIZONA, INC.

Additional Officers and Directors

P
CONNOY, PATRICK J.
9700 N. 91ST STREET, SUITE 232
SCOTTSDALE, AZ 85258-5036

VP
HU, ALAN C.
9700 N. 91ST STREET, SUITE 232
SCOTTSDALE, AZ 85258-5036

VP/S/D
MILLER, NANCY A.
C/O McKESSON CORPORATION
ONE POST STREET
SAN FRANCISCO, CA 94104

VP
PFAU, MARGARET M.
9700 N. 91ST STREET, SUITE 232
SCOTTSDALE, AZ 85258-5036

VP
VORIS, JOHN S.
9700 N. 91ST STREET, SUITE 232
SCOTTSDALE, AZ 85258-5036

T
d'ALESSIO, JON W.
C/O McKESSON CORPORATION
ONE POST STREET
SAN FRANCISCO, CA 94104

AS
IAPICCA, DANA T.
C/O McKESSON CORPORATION
ONE POST STREET
SAN FRANCISCO, CA 94104

AS
PEETZ, LORRAINE E.
C/O McKESSON CORPORATION
ONE POST STREET
SAN FRANCISCO, CA 94104

AT
PEARCE, ALAN M.
C/O McKESSON CORPORATION
ONE POST STREET
SAN FRANCISCO, CA 94104