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PROFIT CORPORATION ANNUAL REPORT
1997

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
9700 N. 91ST STREET 232 SCOTTSDALE AZ 85258-5036 US	C/O MCKESSON CORPORATION/ATTN: L. PEETZ ONE POST STREET. 29TH FLOOR SAN FRANCISCO CA 94104-5203 US

3. Date Incorporated or Qualified: 08/17/1995
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

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 (Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MAHONEY, DAVID L		1.2 NAME		
STREET ADDRESS	ONE POST STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA		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	Vice President	☐ Change ☒ Addition
NAME	STANFILL, MICHAEL E		4.2 NAME	Datz, Richard S.	
STREET ADDRESS	9700 N 91ST STREET, SUITE 232		4.3 STREET ADDRESS	9760 N. 91st Street, Ste, 232	
CITY-ST-ZIP	SCOTTSDALE AZ 85260		4.4 CITY-ST-ZIP	Scottsdale, AZ 85260	
TITLE	V	☐ DELETE	5.1 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME	HOFFMAN, STEVE M		5.2 NAME	Peetz, Lorraine E.	
STREET ADDRESS	9700 N 91ST STREET, SUITE 232		5.3 STREET ADDRESS	One Post Street	
CITY-ST-ZIP	SCOTTSDALE AZ 85260		5.4 CITY-ST-ZIP	San Francisco, CA 94104	
TITLE	V	☒ DELETE	6.1 TITLE	Vice Pres. Admin. & Finance	☐ Change ☒ Addition
NAME	PERRY, RANDALL A		6.2 NAME	Pfau, Margaret M,	
STREET ADDRESS	9700 N 91ST STREET, SUITE 232		6.3 STREET ADDRESS	9700 N. 91st Street, Ste. 232	
CITY-ST-ZIP	SCOTTSDALE AZ 85260		6.4 CITY-ST-ZIP	Scottsdale, AZ 85260	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 EVP/CFO 4/10/97 415-983-8331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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