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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000003972**

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 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address McKesson/HBOC	3. Date Incorporated or Qualifed 08/17/1995	
21	26 Attn:Glenette E. Babb	4. FEI Number 94-3205587	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 One Post St., 29th Fl.	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28 San Francisco, CA	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 Country 25	Zip 29 94104 Country 30 U.S.A.	8. This corporation owes the current year Intangible Personal Property Tax. ☐ 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAHONEY, DAVID L ONE POST STREET SAN FRANCISCO CA	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Patrick Connoy 9700 N. 91st St., Ste.232 Scottsdale, AZ 85258	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BRODERICK, PATRICK A ONE POST STREET SAN FRANCISCO CA 94104	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP Jeffrey Herzfeld One Post Street San Francisco, CA 94104	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD MILLER, NANCY A ONE POST STREET SAN FRANCISCO CA 94104	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VSD Kristina Veaco One Post St. San Francisco, CA 94104	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LOIACONO, NICHOLAS A ONE POST STREET SAN FRANCISCO CA 94104	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HOFFMAN, STEVE M 9700 N 91ST STREET, SUITE 232 SCOTTSDALE AZ 85260	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPAF PFAU, MARGARET M. 9700 N 91ST STREET, SUITE 232 SCOTTSDALE AZ	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: Glenette E. Babb Asst. Secretary 4-14-99 (415) 983-8331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)