2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003972

1. Entity Name

HEALTHCARE DELIVERY SYSTEMS OF ARIZONA. INC.

FILED Feb 11, 2000 8:00 am Secretary of State

02-11-2000 90040 024 ***150.00

					02-11-2000 90040 024	150.00
Principal Place	e of Business	Mailing Address				
9700 N. 91ST S 232 SCOTTSDALE A US		MCKESSON/HBOC. ATTN: 0 ONE POST STREET. 29TH F SAN FRANCISCO CA 94104- US	LOOR			ے (
2. Principal P	lace of Business	3. Mailing Address	,,			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE
City & State	9	City & State		4.	FEI Number 94-3205587	Applied Fo
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Additional
	6. Name and Address of Current F	 Registered Agent		1 7.	Name and Address of New Registe	•
			Name	-		مان المساورة الأطاق المان المساورة الأطاق
1201	PRENTICE-HALL CORPORATION S HAYES STREET, SUITE 105 AHASSEE FL 32301	SYSTEM, INC.	Street	Address (P.O.	Box Number is Not Acceptable)	
			City			FL Zip Code
8. The above	named entity submits this statement for	the purpose of changing its	ι registered office	or registered a	gent, or both, in the State of Florida.	_ '
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent sign	ature required when	reinstating)	DATE
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW!!	! FEE IS \$150	0.00	40 Floring Compaign Financia	~
Tax filing r	equirement and elects to do so.	After MAY 1, 200	00 Fee will be	\$550.00	 Election Campaign Financin Trust Fund Contribution. 	9 \$5.00 May ☐ Added to Fee
	ria on back) 🔀	Make Check Payabl				
11. *	OFFICERS AND I		12.	1	DDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 11
TITLE NAME	PD . Connoy, Patrick	☐ Delete	NAME			□ onange □
STREET ADDRESS	9700 N 91ST., STE 232		STREET ADDRESS			
CITY-ST-ZIP	SCOTTSDALE AZ 85258		CITY-ST-ZIP	<u></u>		
TITLE	V	Delete De	TITLE	V		Change 🔽 *
NAME	BRODERICK, PATRICK A		NAME		ELD, JEFFREY	
STREET ADDRESS	ONE POST STREET		STREET ADDRESS		OST STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	<u> </u>	CITY-ST-ZIP		RANCISCO, CA 94104	□ Ob □ ↑ :
TITLE	VSD VOICTINA	Delete -	*TITLE ~ ~		ا المعلق المستحدد المعلق المستحدد المعلق المستحدد المستحدد المستحدد المستحدد المستحدد المستحدد المستحدد المستح المستحدد المستحدد ا	☐ Change ☐ *:
NAME STREET ADDRESS	VEACO, KRISTINA ONE POST STREET		STREET ADDRESS	;		
CITY-ST-ZIP	SAN FRANCISCO CA 94104		CITY-ST-ZIP			
TITLE	VP	☐ Delete	TITLE	V/T		🗽 Change 🗀 🗀
NAME	LOIACONO, NICHOLAS A		NAME		ONO, NICHOLAS A.	
STREET ADDRESS	ONE POST STREET		STREET AODRESS	•	OST STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 94104		CITY-ST-ZIP	SAN F	RANCISCO, CA 94104	
TITLE	V	☐ Delete	TITLE	V		Change 🗀 🐣
NAME	HOFFMAN, STEVE M		NAME		AN, STEVE M.	n 222
STREET ADDRESS CITY-ST-ZIP	9700 N 91ST STREET, SUITE 23	Z	STREET ADDRESS CITY-ST-ZIP	9700	N 91ST STREET, SUIT SDALE, AZ 85258	E 232
···	SCOTTSDALE AZ 85260		-	1	SUALE, AA 00400	K∏ Change □
TITLE	VPAF	☐ Delete	NAME	VPAF	MARGARET M.	Programa [
NAME STREET ADDRESS	PFAU, MARGARET M. 9700 N 91ST STREET, SUITE 23	2	STREET ADDRESS	9700	MARGARET M. N 91ST STREET, SUIT	E 232
CITY-ST-ZIP	SCOTTSDALE AZ	<u>c</u>	CITY-ST-ZIP	1	SDALE, AZ 85258	_

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 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 11 or Block 12 changed, or on an attachment with an address. with all other likes provided.

SIC	NI A	TII	RF.

ANDREW G. KATZER

02/03/00

(415) 983-80

Daytime Phone #

URE: SIGNATURE AND TYPE OF PRIME DE NAME OF ENGINE OF FICER OR DIRECTOR

Please see attactment for additional officers and directors.

DUC# F95 0000003913

HEALTHCARE DELIVERY SYSTEMS, INC.

Additioanl Officers and Directors

Name and Title

Eric L. Rubin

Vice President Sales and Marketing

Thomas B. Wheat

Vice President Business Development

Glenette E. Babb

Assistant Secretary

Business Address

9700 N. 91st Street, Suite 232

Scottsdale, AZ 85258-5036

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Scottsdale, AZ 85258-5036

McKesson HBOC, Inc.

One Post Street

San Francisco, CA 94104

Michael L. Harris

Assistant Secretary

Andrew G. Katzer

Assistant Secretary

Jaclyn L. Larson

Assistant Secretary

James F. Regan

Assistant Secretary

Robert J. Glaser

Director

McKesson HBOC, Inc.

One Post Street

San Francisco, CA 94104

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Pharmaceutical Partners Group

600 Campus Drive, Suite 160 Florham Park, NJ 07932