2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9500003972 1. Entity Name

HEALTHCARE DELIVERY SYSTEMS OF ARIZONA, INC.

Principal Place of Business 9700 N. 91ST STREET

Mailing Address

MCKESSON/HBOC. ATTN: G. E. BABB ONE POST STREET. 29TH FLOOR

FILED Apr 02, 2001 8:00 am Secretary of State

04-02-2001 90273 013 ***150.00

COTTSDALE AZ 85258-5036 S			SAN FRANCISCO CA 94104 US				8 1 8 6 3 8					
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WRITE	IN THIS SI	PACE		
City & State			City & State			4.	FEI Number	94-3205587			plied For t Applicable	
Zip Country			Zip			5.	Certificate o	f Status Desired		8.75 Add ee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
						Name						
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET, SUITE 105 TALLAHASSEE FL 32301					Street Address (P.O. Box Number is Not Acceptable)							
							<u></u>					
					City				FL	Zip Code	•	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.												
SIGNATURE .									0.175			
	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	d Agent signati	are required when	reinstating)		DATE			
9. This corporation is eligible to satisfy its Intangible FILE NOW!!!					IS \$150.0	00	40 Floo	tice Compaign Fines	oino	e= 0		
			After MAY 1, 20	er MAY 1, 2001 Fee will be \$550.00				tion Campaign Finan t Fund Contribution.			D May Be to Fees	
(See criteria on back)					o Department of State			t i dila Contribution.		Addod	10 1 003	
11. OFFICERS AND DIRECTORS						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE	PD		☐ Delete	TITLE		D				☐ Change	X Addition	
NAME	CONNOY, PATRICK		2,3 55/512	NAM	E	Glaser	ser, Robert, J.					
STREET ADDRESS				STREET ADDRE		101 Cc	l College Road East					
CITY-ST-ZIP		ALE AZ 85258		CITY-		Prince	nceton, NJ 08540					
TITLE	V 🔀 Delete		TITLE	E	V	☐ Change				Addition		
NAME	HERZFELI	HERZFELD, JEFFREY		NAM	Ε	Benzin	zing, Lynn					
STREET ADDRESS	ONE POS	one post street		STRE	ET ADDRESS	101 Cc	College Road East					
CITY-ST-ZIP	SAN FRAI	SAN FRANCISCO CA 94104		CITY	-ST-ZIP	Prince	inceton, NJ 08540					
TITLE	VSD			TITLE	E					☐ Change	Addition	
NAME	VEACO, K	RISTINA		NAM	Е							
STREET ADDRESS	ONE POS	t street		STRE	ET ADDRESS							
CITY-ST-ZIP	SAN FRAI	NCISCO CA 94104		CITY	-ST-ZIP							
TITLE	Vī			TITLE		V/T/D	D X Ch			X Change	☐ Addition	
NAME	LOIACON	LOIACONO, NICHOLAS A		NAM	E	Loiaco	acono, Nicholas A.				1	
STREET ADDRESS	ONE POS				ET ADDRESS	One Po	Post Street					
CITY-ST-ZIP	SAN FRAI	NCISCO CA 94104		CITY	-ST-ZIP	San Fr	Francisco, CA 94104					
TITLE	٧		☐ DeleteT		E	SEE AT	ATTACHED LIST FOR ☐ Change ☐ Addition					
NAME			NAM			DITIONAL OFFICERS						
STREET ADDRESS	9700 N 91ST STREET, SUITE 232		4	ET ADDRESS		ZIIIOMIN OII IOMO			}			
CITY-ST-ZIP		ALE AZ 85258	ϵ	CITY	-ST-ZIP							
TITLE	VPAF	001057.11	Delete	TITLE		P					Addition	
NAME		RGARET M.		NAM			Margare					
STREET ADDRESS	9700 N 91ST STREET, SUITE 232				ET ADDRESS	9700 N	N. 91st Street, Suite 232					
CITY-ST-ZIP	SCOTTSDALE AZ 85258			CITY	-ST-ZIP	Scotts	tsdale, AZ 85258-5036					

13. 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 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

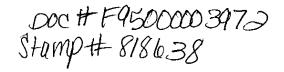
Glenette E. Babb

2001

(415) 983-8331

McKesson HBOC, Inc.

One Post Street San Francisco, CA 94104-5296





Glenette E. Babb Assistant Secretary Direct Tel 415-983-8331

March 26, 2001

Secretary of State Uniform Business Report Divisions of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Healthcare Delivery Systems of Arizona Inc.

Dear Secretary:

I enclose herewith the duly executed 2001 Uniform Business Report in respect of the above-named corporation, and a check in the amount of \$150.00 for the required filing fee.

Very truly yours,

Genette E. Babb Assistant Secretary

GEB:mw

Enclosures

Doc# F4500003972 Stamp# 818638

HEALTHCARE DELIVERY SYSTEMS, INC.

Officers and Directors

Name and Title

Margaret M. Pfau

President

Lynn Benzing

Vice President

Steve M. Hoffman

Vice President

Nicholas A. Loiacono

Vice President, Treasurer and Director

DeEtte Thomas

Vice President

Kristina Veaco

Vice President, Secretary and Director

Glenette E. Babb

Assistant Secretary

Ronald Y. Chin

Assistant Secretary

Michael L. Harris

Assistant Secretary

Andrew G. Katzer

Assistant Secretary

Jaclyn L. Larson

Assistant Secretary

William E. Wagstaff, Jr.

Assistant Secretary

Robert J. Glaser

Director

Business Address

9700 N. 91st Street, Suite 232

Scottsdale, AZ 85258-5036

Pharmaceutical Partners Group

101 College Road East

Princeton, NJ 08540

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Scottsdale, AZ 85258-5036

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