2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# M00000002187

Entity Name: MCKESSON HEALTH SOLUTIONS LLC

Current Principal Place of Business:

ONE POST STREET
SAN FRANCISCO, CA 94104

New Principal Place of Business:

Current Mailing Address:

ONE POST STREET, 35TH FLOOR
ATTN: MELISSA WU
SAN FRANCISCO, CA 94104

New Mailing Address:

ONE POST STREET, 35TH FLOOR
ATTN: KAREN PINEDA
SAN FRANCISCO, CA 94104

FEI Number: 20-8459936 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MCKESSON HEALTH SOLUTIONS HOLDINGS LLC
Address: ONE POST ST
City-St-Zip: SAN FRANCISCO, CA 94104

Title: VS ( ) Delete
Name: BOGAN, WILLIE C
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AS ( ) Change (X) Addition
Name: PINEDA, KAREN M
Address: ONE POST ST.
City-St-Zip: SAN FRANCISCO, CA 94104

Title: AS ( ) Change (X) Addition
Name: WU, MELISSA
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

Title: AS ( ) Change (X) Addition
Name: SHUFORD, ANNE
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KAREN M. PINEDA AS 05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date