

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000002187

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**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: KAREN PINEDA  
SAN FRANCISCO, CA 94104

**New Mailing Address:**

ONE POST STREET  
SAN FRANCISCO, CA 94104

**FEI Number:** 20-8459936

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
**Name:** MCKESSON HEALTH SOLUTIONS HOLDINGS LLC  
**Address:** ONE POST ST  
**City-St-Zip:** SAN FRANCISCO, CA 94104

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

**Title:** AS  
**Name:** PINEDA, KAREN M  
**Address:** ONE POST ST.  
**City-St-Zip:** SAN FRANCISCO, CA 94104

**Title:** AS  
**Name:** WU, MELISSA  
**Address:** ONE POST STREET  
**City-St-Zip:** SAN FRANCISCO, CA 94104

**Title:** AS  
**Name:** SHUFORD, ANNE  
**Address:** ONE POST STREET  
**City-St-Zip:** SAN FRANCISCO, CA 94104

I hereby 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

02/16/2010

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