

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002187

FILED
Mar 08, 2011
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
SAN FRANCISCO, CA 94104

New Mailing Address:

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

03/08/2011

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