

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M00000002187

FILED  
May 21, 2003  
Secretary of State

**Entity Name:** MCKESSON HEALTH SOLUTIONS LLC

**Current Principal Place of Business:**

ONE POST STREET, STE 2950  
SAN FRANCISCO, CA 941045296

**New Principal Place of Business:**

ONE POST STREET  
SAN FRANCISCO, CA 941045296

**Current Mailing Address:**

ONE POST STREET, STE 2950  
SAN FRANCISCO, CA 941045296

**New Mailing Address:**

ONE POST STREET  
SAN FRANCISCO, CA 941045296

**FEI Number:** 94-3207296

**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  
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/MEMBERS:**

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

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** MCKESSON HEALTH SOLUTIONS HOLDINGS LLC  
**Address:** ONE POST ST  
**City-St-Zip:** SAN FRANCISCO, CA

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 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:** MCKESSON HEALTH SOLUTIONS HOLDINGS LLC

MGRM

05/21/2003

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