

McKesson Corporation  
One Post Street  
San Francisco, CA 94104

MD2000000833

**McKESSON**

Empowering Healthcare

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

March 18, 2002

2/25

**MJH**

Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

300005154883--9  
-03/25/02--01092--012  
\*\*\*\*125.00 \*\*\*\*125.00

**RE: McKesson Specialty Pharmaceuticals LLC, a Delaware company**

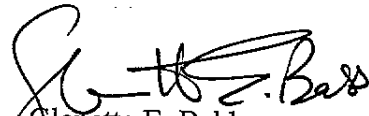
Dear Secretary:

I enclose herewith, a duly executed Application By Foreign Limited Liability Company for Authorization to Transact Business in Florida in respect of the above-captioned company, and a check in the amount of \$125.00 (\$100.00 for the required filing fee and \$25.00 for the designation of the Registered Agent fee). Included also is a Good Standing Certificate, certified by the Office of the Delaware Secretary of State.

Please return evidence of this filing at your earliest convenience.

If you have any questions, please do not hesitate to contact me at (415) 983-8331.

Very truly yours,

  
Glenette E. Babb  
Assistant Secretary

GEB/mw

Enclosures

FILED  
02 MAR 25 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. McKesson Specialty Pharmaceuticals LLC  
(Name of foreign limited liability company)
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 01-0555467  
(FEI number, if applicable)
4. October 10, 2001  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. January 31, 2002  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. One Post Street  
San Francisco, CA 94104-5296  
(Street address of principal office)
8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:

<u>Nicholas A. Loiacono</u>	<u>One Post Street, San Francisco, CA 94104-5296</u>	<u>Manager</u>
<u>Margaret M. Pfau</u>	<u>9700 N. 91st Street, Ste. 232, Scottsdale, AZ 85258</u>	<u>Manager</u>
<u>Kristina Veaco</u>	<u>One Post Street, San Francisco, CA 94104-5296</u>	<u>Manager</u>
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Provides pharmaceutical products by mail to physicians and patients providing specialty distribution of pharmaceutical products or disease state management service

By: Glenette E. Babb

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Glenette E. Babb

Typed or printed name of signee

FILED  
02 MAR 25 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

McKesson Specialty Pharmaceuticals LLC

2. The name and the Florida street address of the registered agent and office are:

The Prentice-Hall Corporation System, Inc.  
(Name)

1201 Hays Street  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee FL 32301  
(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

Vincent M. M. M. M.

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

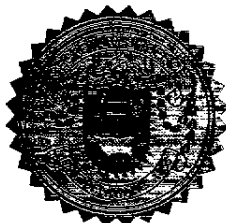
# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MCKESSON SPECIALTY PHARMACEUTICALS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF MARCH, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1656872

DATE: 03-11-02