

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000833

FILED
Mar 23, 2005
Secretary of State

Entity Name: MCKESSON SPECIALTY PHARMACEUTICALS LLC

Current Principal Place of Business:

ONE POST STREET
SAN FRANCISCO, CA 941045296 US

New Principal Place of Business:

Current Mailing Address:

ONE POST STREET
ATTN: GLENETTE E. BABB - 33RD FLOOR
SAN FRANCISCO, CA 941045296 US

New Mailing Address:

FEI Number: 01-0555467 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 PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US

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:

03/23/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: LOIACONO, NICHOLAS A
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 941045296

Title: MGR () Delete
Name: JULIAN, PAUL C
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 941045296

Title: MGR () Delete
Name: VEACO, KRISTINA
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 941045296

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: TYLER, BRIAN
Address: 4343 NORTH SCOTTSDALE ROAD
City-St-Zip: SCOTTSDALE, AZ 852513221

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KRISTINA VEACO

MGR

03/23/2005

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