

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000833

FILED  
Apr 28, 2006  
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:**

ONE POST STREET, 33RD FLOOR  
ATTN: MELISSA WU  
SAN FRANCISCO, CA 941045296 US

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

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

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: BLAKE, PATRICK  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104

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 Chapter 119, 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

04/28/2006

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