

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001334

FILED
Apr 26, 2006
Secretary of State

Entity Name: MCKESSON HEALTH SOLUTIONS HOLDINGS LLC

Current Principal Place of Business:

ONE POST STREET
SAN FRANCISCO, CA 94104

New Principal Place of Business:

Current Mailing Address:

ONE POST STREET, 33RD FLOOR
ATTN: ANNE J. SHUFORD
SAN FRANCISCO, CA 94104

New Mailing Address:

ONE POST STREET, 33RD FLOOR
ATTN: MELISSA WU
SAN FRANCISCO, CA 94104

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 ST
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 () Delete
Name: MCKESSON INFORMATION, SOLUTIONS LLC
Address: 5995 WINDWARD PKWY
City-St-Zip: ALPHARETTA, GA 30005

Title: MGRM () Delete
Name: SHUFORD, ANNE J AS
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: VEACO, KRISTINA VP & SE
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

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

MGRM

04/26/2006

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