

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001334

FILED
Apr 27, 2007
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: MELISSA WU
SAN FRANCISCO, CA 94104

New Mailing Address:

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 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:

04/27/2007

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: VEACO, KRISTINA VP & SE
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: BOGAN, WILLIE C 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 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: WILLIE C BOGAN

MGRM

04/27/2007

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