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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MOORE MEDICAL LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Glenette E. Babb  
(Name of Person)

McKesson Corporation  
(Firm/Company)

One Post Street, 33rd Floor  
(Address)

San Francisco, CA 94104  
(City/State and Zip Code)

For further information concerning this matter, please call:

Glenette Babb at ( 415 ) 983-8331  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

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McKesson Corporation  
One Post Street  
San Francisco, CA 94104

**McKESSON**

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

**VIA FEDERAL EXPRESS**

February 1, 2005

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: ~~Moore Medical LLC~~, a Delaware company

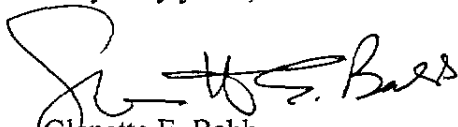
Dear Secretary:

I refer to my conversation today with your representative and enclose herewith, in duplicate, a corrected Application By Foreign Limited Liability Company for Authorization to Transact Business in Florida for filing on behalf of the above-named limited liability company. These replace those forms that were mailed by USPS on January 21, 2005, copies of which are enclosed to assist with identification of the documents.

If you have any questions or require further information, please do not hesitate to contact me by telephone at (415) 983-8331 or by e-mail at [Glenette.babb@mckesson.com](mailto:Glenette.babb@mckesson.com).

Thank you in advance for your cooperation.

Very truly yours,

  
Glenette E. Babb  
Assistant Secretary

GEB/mw

Enclosures

**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. MOORE MEDICAL LLC  
(Name of Foreign Limited Liability Company)
2. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-2046702  
(FEI number, if applicable)
4. NOVEMBER 14, 1969  
(Date of Organization)
5. PERPETUAL  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. JANUARY 1, 2005  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 389 JOHN DOWNEY DRIVE  
NEW BRITAIN, CT 06050  
(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:

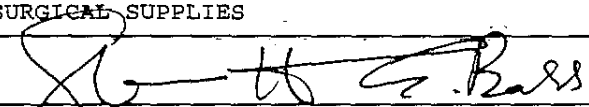
McKESSON MEDICAL-SURGICAL INC. - MANAGING MEMBER

8741 LANDMARK ROAD, RICHMOND, VA 23228

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: SALES AND DISTRIBUTION

OF MEDICAL AND SURGICAL SUPPLIES

  
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, ASSISTANT SECRETARY

Typed or printed name of signee

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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:

MOORE MEDICAL 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, Florida Statutes.*

The Prentice-Hall Corporation System, Inc

By: 

(Signature)

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

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# Delaware

PAGE 1

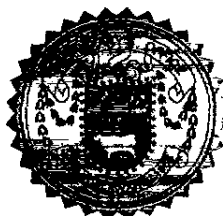
*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOORE MEDICAL 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 THIRTY-FIRST DAY OF DECEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOORE MEDICAL LLC" WAS FORMED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 1969.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3589572

DATE: 12-31-04