

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000000754

**FILED**  
**Jul 17, 2006**  
**Secretary of State**

**Entity Name:** MOORE MEDICAL LLC

**Current Principal Place of Business:**

389 JOHN DOWNEY DRIVE  
NEW BRITIAN, CT 06050

**New Principal Place of Business:**

**Current Mailing Address:**

389 JOHN DOWNEY DRIVE  
NEW BRITIAN, CT 06050

**New Mailing Address:**

**FEI Number:** 20-2046702      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES STREET  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** MCKESSON MEDICAL-SUR, GICAL INC.  
**Address:** 8741 LANDMARK ROAD  
**City-St-Zip:** RICHMOND, VA 23228

**ADDITIONS/CHANGES:**

**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:** PATRICK F. EARLY, JR.

VP

07/17/2006

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