

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000000754

Entity Name: MOORE MEDICAL LLC

**FILED**  
**Jul 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1690 NEW BRITAIN AVE  
FARMINGTON, CT 06032

**New Principal Place of Business:**

1690 NEW BRITAIN AVE  
35TH FLOOR  
FARMINGTON, CT 06032 UN

**Current Mailing Address:**

1690 NEW BRITAIN AVE  
FARMINGTON, CT 06032

**New Mailing Address:**

ONE POST STREET  
35TH FLOOR  
SAN FRANCISCO, CA 94104

FEI Number: 20-2046702

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 HAYES STREET  
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  
Name: MCKESSON MEDICAL-SURGICAL INC.  
Address: 8741 LANDMARK ROAD  
City-St-Zip: RICHMOND, VA 23228

I hereby 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: MCKESSON MEDICAL-SURGICAL, INC.

MGRM

07/26/2011

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