LIMITED LIABILITY COMPANY REINSTATEMENT DOCUMENT # M09000000380 1. Limited Liability Company's Name McKesson Plasma and Biologics LLC One Post Street -500210592955 San Francisco, CA 94104 CR2E041 (1/11) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address same address as above same address as above 4. State/Country of Formation Tennessee, USA Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida 01/08/2009 City & State City & State Applied For 6. FEI Number 26-3763914 Not Applicable Zio Country Country \$5 00 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status Name and Address of Current Registered Agent 8. Name E-mail Address: The Prentice-Hall Corporation System, Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. karen.pineda@mckesson.com Suite 105 Zip Code (To be used for future annual report notices) 32301 Tallahassee 9. I, being appointed the registered agent of the above named limited liability company, amfamiliar with and accept the obligations of Chapter 608, F.S. Matthew Young Signature of Asst. V. Pres. Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers City / State / Zip San Francisco, CA 94104 One Post Street MGRM McKesson Corporation 11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath, I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

07/29/2011

Daytime Phone #

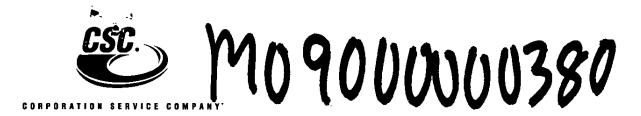
Oate

Karen M. Fineda, Assistant Secretary

Signature of Managing

Typed or printed name of signing Managing Member/Manager

Member/Manager



ACCOUNT NO. :

I2000000195

REFERENCE :

864210

AUTHORIZATION

COST LIMIT

ORDER DATE: August 1, 2011

ORDER TIME : 1:06 PM

ORDER NO. : 864210-005

CUSTOMER NO:

4392992

REINSTATEMENT

NAME:

MCKESSON PLASMA AND BIOLOGICS

LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS