

M 09000000380

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF CORPORATIONS
11 AUG - 1 PM 3:01

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M09000000380

1. Limited Liability Company's Name

McKesson Plasma and Biologics LLC
One Post Street
San Francisco, CA 94104

PK
2010

500210592955

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
same address as above

3. Mailing Office Address
same address as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State/Country of Formation
Tennessee, USA

5. Date Organized or Qualified
To Do Business in Florida 01/08/2009

6. FEI Number
26-3763914

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

The Prentice-Hall Corporation System, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

Suite 105

City

Tallahassee

State
FL

Zip Code
32301

E-mail Address:

karen.pineda@mckesson.com
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Matthew Young
REGISTERED AGENT MUST SIGN

Matthew Young
Asst. V. Pres.

Date 8-1-11

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	McKesson Corporation	One Post Street	San Francisco, CA 94104

REINSTATEMENT 2010-2011

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.

Signature of Managing
Member/Manager

Karen M. Pineda

Date 07/29/2011

Daytime Phone # 415-983-8919

Typed or printed name of signing Managing Member/Manager Karen M. Pineda, Assistant Secretary



CORPORATION SERVICE COMPANY

MO9000000380

ACCOUNT NO. : I20000000195

REFERENCE : 864210 4392992

AUTHORIZATION :

Spuddelean

COST LIMIT : \$ 377.50

ORDER DATE : August 1, 2011

ORDER TIME : 1:06 PM

ORDER NO. : 864210-005

CUSTOMER NO: 4392992

REINSTATEMENT

NAME: MCKESSON PLASMA AND BIOLOGICS
LLC

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 AUG - 1 PM 1:42

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS

BH

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG - 1 PM 3:01