

M97000000153



THE UNITED STATES  
CORPORATION  
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 029279 4392992

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : November 11, 1998

ORDER TIME : 9:27 AM

ORDER NO. : 029279-205

CUSTOMER NO: 4392992

CUSTOMER: Ms. Glenette E. Babb  
Mckesson Corporation  
One Post Street  
29th Floor  
San Francisco, CA 94104

**RESUBMIT**  
Resubmit original  
on line as file date.

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VISION OF CORPORATION

CHANGE OF AGENT

600002710236--1  
-12/11/98--01067--007  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

NAME: MCKESSON MEDMANAGEMENT, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Cassandra Lamm

Name	MA
Availability	MA
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Acknowledgement	MA
W. P. Verifier	MA

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 DEC 11 AM 11:30



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

December 14, 1998

MEDMANAGEMENT  
4700 NATHAN LANE  
PLYMOUTH, MN 55442

SUBJECT: MCKESSON MEDMANAGEMENT, L.L.C.  
Ref. Number: M97000000153

We have received your document for MCKESSON MEDMANAGEMENT, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Cathy A Mitchell  
Corporate Specialist

Letter Number: 898A00058845

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company organized under the laws of the State of  
submits the following statement in order to change its registered office or registered agent, or both, in  
the State of Florida. (PLEASE PRINT)

1a. The name of the limited liability company is:

McKesson MedManagement, L.L.C.

1b. The mailing address of the limited liability company is: 4700 Nathan Lane North,

Plymouth MN 55442

1c. Date of filing/registration in Florida: 3/26/97 Document number: M97000000153

2. The name and address of the current registered agent and office:

CT Corporation System  
1200 South Pine Island Rd  
Plantation FL 33324

3. The name and address of the new registered agent and office: (P.O. BOX NOT ACCEPTABLE)

The Prentice-Hall Corporation System, Inc.

1201 Hayes Street, Suite 105

Tallahassee FL 32301

After the change or changes are made, the street address of the registered office and the business office of the registered agent will be identical.

Such change was authorized by affirmative vote of a majority of the members of the limited liability company or as provided in the articles of organization or the regulations of the limited liability company.

(Signature of a member or authorized representative of a member)

(Date)

John J. Davis, Manager  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated limited liability company, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. The Prentice-Hall Corporation System, Inc.

(Signature of Registered Agent)  
Karen E. Wehner, Asst. V.P.

(Date) December 29, 1998

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(1/96)

FILING FEE: \$35.00

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