

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000153

1. Entity Name

MCKESSON MEDMANAGEMENT, L.L.C.

FILED

00 JAN 19 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7115 NORTHLAND TERRACE
SUITE 500
BROOKLYN PARK MN 55428

Mailing Address

7115 NORTHLAND TERRACE
SUITE 500
BROOKLYN PARK MN 55428-1546

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-1843164

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME DAVIS, JOHN J
STREET ADDRESS 7115 NORTHLAND TERRACE SUITE 500
CITY-ST-ZIP BROOKLYN PARK MN 55428

TITLE MGR ☒ Change ☐
NAME LEWIS P. ZEIDNER
STREET ADDRESS 7115 NORTHLAND TERRACE, SUITE 500
CITY-ST-ZIP BROOKLYN PARK, MN 55428

TITLE MGR ☐ Delete
NAME HAMMERGREN, JOHN H
STREET ADDRESS ONE POST STREET
CITY-ST-ZIP SAN FRANCISCO CA 94104

TITLE ☐ Change ☐
NAME 100003117521--8
STREET ADDRESS -02/01/00--01029--005
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGR ☒ Delete
NAME MILLER, NANCY A
STREET ADDRESS ONE POST STREET
CITY-ST-ZIP SAN FRANCISCO CA 94104

TITLE MGR ☒ Change ☐
NAME KRISTINA VEACO
STREET ADDRESS ONE POST STREET
CITY-ST-ZIP SAN FRANCISCO, CA 94104

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Signature
SIGNATURE REQUIRED

LEWIS P. ZEIDNER, MANAGER

1/11/2000

612-354-1252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #