

McKesson HBOC, Inc.  
One Post Street  
San Francisco, CA 94104-5296

M97000000153

McKessonHBOC

September 12, 2001

Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

500004598695--2  
-09/19/01--01063--010  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

RE: *McKesson MedMangement, L.L.C., a Delaware limited liability company -  
Change of Corporate Name*

Dear Secretary:

I enclose herewith, in duplicate, the duly executed Application By Foreign Limited Liability Company to File Amendment to Application for Authorization to Transact Bus in Florida for the above-captioned company, and a check in the amount of \$25.00 for the required filing fee. Included also is a Certificate of Fact, certified by the Office of the Delaware Secretary of State.

Please return evidence of this filing at your earliest convenience.

If you have any questions, please do not hesitate to contact me at (415) 983-9794.

Very truly yours,

*Anne Shuford*

Anne Shuford

AS/mw

Enclosures

FILED  
01 SEP 18 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO  
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**SECTION I (1 - 3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State:  
McKesson MedManagement, L.L.C.
2. Jurisdiction of its organization: the State of Delaware
3. Date authorized to do business in Florida: July 8, 1997

**SECTION II (4 - 7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? August 6, 2001
5. New name of the limited liability company: McKesson Medication Management LLC.
6. If the amendment changes the period of duration, indicate new period of duration:  
no change
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
no change
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:  
no change
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of a member or the authorized  
representative of a member

Kristina Veaco, Member

Typed or printed name of signee

Filing Fee: \$25.00

FILED  
01 SEP 18 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*State of Delaware*  
*Office of the Secretary of State*

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PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MCKESSON MEDMANAGEMENT, L.L.C.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "MCKESSON MEDICATION MANAGEMENT LLC", THE SIXTH DAY OF AUGUST, A.D. 2001, AT 12:30 O'CLOCK P.M.



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*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1325965

DATE: 09-04-01