

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000153

FILED
Jan 09, 2008
Secretary of State

Entity Name: MCKESSON MEDICATION MANAGEMENT LLC

Current Principal Place of Business:

7115 NORTHLAND TERRACE
SUITE 500
BROOKLYN PARK, MN 55428

New Principal Place of Business:

Current Mailing Address:

7115 NORTHLAND TERRACE
SUITE 500
BROOKLYN PARK, MN 55428

New Mailing Address:

FEI Number: 41-1843164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAENGER, ELEONORE M
Address: 7115 NORTHLAND TERRACE SUITE 500
City-St-Zip: BROOKLYN PARK, MN 55428

Title: MGR () Delete
Name: HAMMERGREN, JOHN H
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

Title: MGR () Delete
Name: BOGAN, WILLIE C
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELEONORE M. SAENGER

MGR

01/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date