

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000000380

**Entity Name:** MCKESSON PLASMA AND BIOLOGICS LLC

**Current Principal Place of Business:**

2615 MEDICAL CENTER PARKWAY  
SUITE 1580  
MURFREESBORO, TN 37126

**Current Mailing Address:**

6535 STATE HIGHWAY 161  
IRVING, TX 75039 US

**FEI Number:** 26-3763914

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name MCKESSON CORPORATION  
Address 6535 STATE HIGHWAY 161  
City-State-Zip: IRVING TX 75039

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JULIET PATE

ASST SECRETARY

04/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date