

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845501

Entity Name: MCKESSON MEDICAL-SURGICAL INC.**Current Principal Place of Business:**9954 MAYLAND DRIVE
SUITE 4000
RICHMOND, VA 23233**Current Mailing Address:**6535 STATE HIGHWAY 161
IRVING, TX 75039 US**FEI Number:** 94-2640465**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Officer/Director Detail :

Title	ASST. SECRETARY	Title	DIRECTOR, VP, SECRETARY
Name	ALLEN, DANA B	Name	LAU, MICHELE
Address	6555 NORTH STATE HIGHWAY 161	Address	ONE POST ST
City-State-Zip:	IRVING TX 75039	City-State-Zip:	SAN FRANCISCO CA 94104
Title	DIRECTOR, PRESIDENT	Title	DIRECTOR, VP, TREASURER
Name	MCCOMB, STANTON J	Name	SKANSI, TIMOTHY A
Address	9954 MAYLAND DRIVE SUITE 4000	Address	9954 MAYLAND DRIVE SUITE 4000
City-State-Zip:	RICHMOND VA 23233	City-State-Zip:	RICHMOND VA 23233

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHELE LAU**SECRETARY****04/28/2021**

Electronic Signature of Signing Officer/Director Detail

Date