



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>114800</b>		2. Exact name of the limited liability company <b>McKesson Health Solutions LLC</b>			
3. State of Formation <b>DELAWARE</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>PROVIDES MEDICAL MANAGEMENT SERVICES FOR PAYORS AND PROVIDERS TO MANAGE COSTS AND OUTCOMES OF MEDICAL CARE</b>			
5. Principal office address <b>ONE POST STREET</b>		City <b>SAN FRANCISCO</b>	State <b>CA</b>	Zip <b>94104</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>MELISSA WU</b>			Contact Title <b>ASSISTANT SECRETARY OF MCKESSON HEALTH SOLUTIONS LLC</b>		
Street Address <b>ONE POST STREET, 33rd FLOOR</b>		City <b>SAN FRANCISCO</b>	State <b>CA</b>	Zip <b>94104</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>PRENTICE-HALL CORP SYSTEM</b>			Address		
Address <b>222 JEFFERSON BOULEVARD, SUITE 200</b>			City <b>WARWICK</b>	Zip <b>02888-</b>	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



\*114800\*

File Date 10.31.05  
 Check No. 810003  
 By: MP  
 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Melissa Wu 10/26/05  
 Signature of Authorized Person Date

MELISSA WU  
 Print or Type Name of Authorized Person