

Filing Fee: \$75.00

ID Number: 64149

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

### BUSINESS CORPORATION

### APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY (To Be Filed In Duplicate Original)

Pursuant to the provisions of Section 7-1.1-111 of the General Laws, 1956, as amended, the undersigned corporation hereby applies for an Amended Certificate of Authority to transact business in Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is Red Line Medical Supply, Inc.
2. It is incorporated under the laws of Minnesota
3. A Certificate of Authority was issued to the corporation by the office of the Secretary of State of the State of Rhode Island on April 29, 1991, authorizing it to transact business in Rhode Island under the name of:  
Red Line Medical Supply, Inc.
4. The corporate name of the corporation has been changed to McKesson Medical-Surgical  
Minnesota Supply Inc.

(If no change, so indicate.)

5. The name, if different, which it elects to use in Rhode Island is:  
(a) *If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:*  
\_\_\_\_\_  
(b) *If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this Application:*  
\_\_\_\_\_

6. The corporation desires to pursue in the transaction of business in Rhode Island other or additional purposes than those set forth in its prior Application for a Certificate of Authority, as follows:

(If no other or additional purposes are proposed, insert "No Change.")

no change

**FILED**

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7. If there has been an increase in the authorized shares of the corporation, list the total number of authorized shares, including the increase (If there has been no increase in shares, insert "No Change"):

Total Number of Authorized Shares	Class	Series	Par Value or Statement that Shares are without Par Value
no change			

8. (a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is \$ 58,295,815
- (b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$ 0
- (c) An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is 0 % [divide (b) by (a) and multiply by 100 to obtain the percentage]
9. (a) An estimate of the gross amount of business to be transacted by the corporation during the following year is \$ 395,000,000
- (b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is \$ 2,583,153
- (c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is 6.540 % [divide (b) by (a) and multiply by 100 to obtain the percentage]
10. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.

Date October 1, 2001

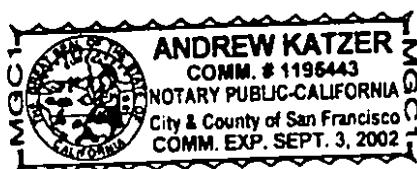
Med Line Medical Supply, Inc.  
Print Exact Name of Corporation Making Application

By [Signature]  
☐ President or ☒ Vice President (check one)

By [Signature] <sup>AND</sup>  
☐ Secretary or ☒ Assistant Secretary (check one)

STATE OF California  
COUNTY OF San Francisco

In San Francisco on this 1st day of October, 2001, personally appeared before me Kristina Veaso and Glenette E. Babl who, being by me first duly sworn, declared that ~~he/she is~~ <sup>they</sup> are the Vice President and Assistant Secretary of the corporation and that ~~he/she~~ <sup>they</sup> signed the foregoing document as such ~~officer~~ <sup>officers</sup> of the corporation, and that the statements herein contained are true ~~they~~ <sup>they each</sup>



[Signature]  
Notary Public  
My Commission Expires September 3, 2002



MINNESOTA SECRETARY OF STATE

AMENDMENT OF ARTICLES OF INCORPORATION

7L-944

READ INSTRUCTIONS LISTED BELOW, BEFORE COMPLETING THIS FORM.

1. Type or print in black ink.
2. There is a \$35.00 fee payable to the Secretary of State for filing this "Amendment of Articles of Incorporation".
3. Return Completed Amendment Form and Fee to the address listed on the bottom of the form.

CORPORATE NAME: (List the name of the company prior to any desired name change)

MediNet, Inc.

This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State.

The following amendment(s) to articles regulating the above corporation were adopted: (Insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional numbered pages. (Total number of pages including this form 1.)

ARTICLE I

The name of this corporation shall be McKesson Medical-Surgical MediNet Inc. ✓

This amendment has been approved pursuant to Minnesota Statutes chapter 302A or 317A. I certify that I am authorized to execute this amendment and I further certify that I understand that by signing this amendment, I am subject to the penalties of perjury as set forth in section 609.48 as if I had signed this amendment under oath.

*Glenette E. Babb*

(Signature of Authorized Person)

Name and telephone number of contact person: Glenette E. Babb (415) 983-8331  
Please print legibly

All of the information on this form is public and required in order to process this filing. Failure to provide the requested information will prevent the Office from approving or further processing this filing.

If you have any questions please contact the Secretary of State's office at (851)296-2803.

RETURN TO:

Secretary of State  
180 State Office Bldg., 100 Constitution Ave.  
St. Paul, MN 55155-1299, (851)296-2803

08921340 Rev. 10/98

RECEIVED

SEP 24 2001

SECRETARY  
OF STATE

STATE OF MINNESOTA  
DEPARTMENT OF STATE  
FILED

AUG 13 2001

*Mary Hoffmeyer*  
Secretary of State

019205

McKesson Corporation  
One Post Street  
San Francisco, CA 94104

**McKESSON**  
Empowering Healthcare

October 30, 2001

Ms. Cathryn Villanis  
Administrative Assistant  
Secretary of State  
Corporations Division  
100 North Main Street  
Providence, RI 02903-1335

**Re: Consent to Use of Name**

Dear Ms. Villanis:

In response to your letter dated October 10, 2001, attached is a Consent to Use of Name executed by McKesson Medical-Surgical Maine Inc. on behalf of the corporations referenced in your computer printouts attached to your letter and further identified below:

Old Name

MediNet, Inc.  
Red Line Medical Supply, Inc.

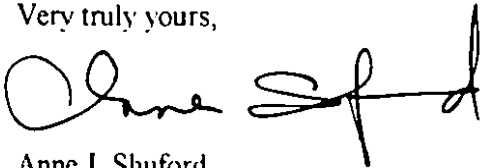
New Name

McKesson Medical-Surgical MediNet Inc.  
McKesson Medical-Surgical Minnesota Supply  
Inc.

McKesson Medical-Surgical Maine Inc., McKesson Medical-Surgical MediNet Inc. and McKesson Medical-Surgical Minnesota Supply Inc. are all wholly-owned subsidiaries of McKesson Corporation.

If you require further information, please do not hesitate to contact me at (415) 732-1370.

Very truly yours,



Anne J. Shuford

McKesson Corporation

One Post Street

San Francisco, CA 94104

**McKESSON**

*Empowering Healthcare*

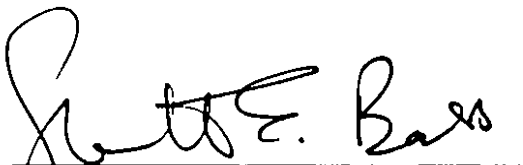
CONSENT TO USE OF NAME

McKesson Medical-Surgical Maine Inc., a corporation organized under the laws of the State of Maine, hereby consents to the use of the name McKesson Medical-Surgical Minnesota Supply Inc. (formerly Red Line Medical Supply, Inc.) and McKesson Medical-Surgical MediNet Inc. (formerly MediNet, Inc.) in the State of Rhode Island.

IN WITNESS WHEREOF, McKesson Medical-Surgical Maine Inc. has caused this consent to be executed by its Assistant Secretary this 29th day of October, 2001.

McKESSON MEDICAL-SURGICAL MAINE INC.

By:



Glenette E. Babb  
Assistant Secretary



MINNESOTA SECRETARY OF STATE  
AMENDMENT OF ARTICLES OF INCORPORATION

2R-377

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CORPORATE NAME: (List the name of the company prior to any desired name change)

Red Line Medical Supply, Inc.

This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State.

The following amendment(s) to articles regulating the above corporation were adopted: (Insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional numbered pages. (Total number of pages including this form 1.)

ARTICLE I

The name of this corporation is McKesson Medical-Surgical Minnesota Supply Inc.

This amendment has been approved pursuant to Minnesota Statutes chapter 302A or 317A. I certify that I am authorized to execute this amendment and I further certify that I understand that by signing this amendment, I am subject to the penalties of perjury as set forth in section 609.48 as if I had signed this amendment under oath.

  
(Signature of Authorized Person)

Name and telephone number of contact person: Glenette E. Babb (415) 983-8331  
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STATE OF MINNESOTA  
DEPARTMENT OF STATE  
FILED

AUG 13 2001

  
Secretary of State

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