


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # 223417 1. Entity Name CORDIS CORPORATION	
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Principal Place of Business 14201 NW 60TH AVE P.O. BOX 025700 MIAMI LAKES, FL 33014	Mailing Address 14201 NW 60TH AVE P.O. BOX 025700 MIAMI LAKES, FL 33014
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DO NOT WRITE IN THIS SPACE



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0870525	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

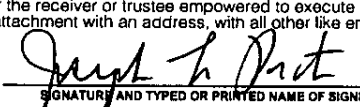
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRATI, J L 14201 NW 60TH AVE MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM LEBEAU, G J 14201 NW 60TH AVE. MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT REICHERT, FREDERICK ONE JOHNSON & JOHNSON NEW BRUNSWICK, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS ROTH, E JOHNSON & JOHNSON, 1 JOHNSON & JOHNSON PL NEW BRUNSWICK, NJ 08933
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/07-80015-022 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOSEPH L. PRATI** 4/12/07 908-412-3253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #