

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 256675

Entity Name: JOHNSON & JOHNSON VISION CARE, INC.**Current Principal Place of Business:**7500 CENTURION PARKWAY
JACKSONVILLE, FL 32256**Current Mailing Address:**7500 CENTURION PARKWAY
JACKSONVILLE, FL 32256 US**FEI Number:** 59-0948197**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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 PRESIDENT, DIRECTOR
Name MENZIUSO, PETER A
Address 7500 CENTURION PARKWAY
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY
Name ROBERTS, LISA E
Address 7500 CENTURION PARKWAY
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER
Name ETTA, NCHACHA
Address 7500 CENTURION PARKWAY
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name MCEVOY, ASHLEY
Address 7500 CENTURION PARKWAY
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name ROBERTS, LISA E
Address 7500 CENTURION PARKWAY
City-State-Zip: JACKSONVILLE FL 32256

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: LISA E ROBERTS**SECRETARY****04/15/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date