

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000124617

Entity Name: ACTAVIS LABORATORIES FL, INC.**Current Principal Place of Business:**4995 ORANGE DRIVE
DAVIE, FL 33314**Current Mailing Address:**4995 ORANGE DRIVE
DAVIE, FL 33314 US**FEI Number: 32-0043602****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD, NO. 221E
PALM BEACH GARDENS, FL 33410 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** SENIOR VICE PRESIDENT, CAO,
DIRECTOR**Name** GRIFFIN , DEBORAH**Address** 425 PRIVET ROAD**City-State-Zip:** HORSHAM PA 19044**Title** PRESIDENT**Name** VELLA , SERGIO**Address** 400 INTERPACE PARKWAY, BLDG.A**City-State-Zip:** PARSIPPANY NJ 07054**Title** TREASURER**Name** GUSTAFSSON , GUDJON**Address** 400 INTERPACE PARKWAY, BLDG.A**City-State-Zip:** PARSIPPANY NJ 07054**Title** ASSISTANT TREASURER**Name** SESTAK , PATRICIA**Address** 425 PRIVET ROAD**City-State-Zip:** HORSHAM PA 19044**Title** DIRECTOR**Name** O'GRADY , BRENDAN**Address** 400 INTERPACE PARKWAY, BLDG. A**City-State-Zip:** PARSIPPANY NJ 07054

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: SERGIO VELLA**PRESIDENT, BY
LYNNETTE PENALBERT,
ATTORNEY-IN-FACT****01/21/2019**

Electronic Signature of Signing Officer/Director Detail

Date