

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000000658

**FILED**  
**Mar 27, 2019**  
**Secretary of State**  
**2185726561CC**

**Entity Name:** JOHNSON & JOHNSON HEALTH AND WELLNESS SOLUTIONS, INC.

**Current Principal Place of Business:**

ONE JOHNSON & JOHNSON PLAZA  
NEW BRUNSWICK, NJ 08933

**Current Mailing Address:**

ONE JOHNSON & JOHNSON PLAZA  
NEW BRUNSWICK, NJ 08933 US

**FEI Number: 38-3414346**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH 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           DIRECTOR, PRESIDENT  
Name           GREER, LEONARD JR.  
Address        ONE JOHNSON & JOHNSON PLAZA  
City-State-Zip: NEW BRUNSWICK NJ 08933

Title           DIRECTOR/SECRETARY  
Name           JENKINS, LISA G  
Address        ONE JOHNSON & JOHNSON PLAZA  
City-State-Zip: NEW BRUNSWICK NJ 08933

Title           TREASURER  
Name           SWASEY, JO ANN  
Address        ONE JOHNSON & JOHNSON PLAZA  
City-State-Zip: NEW BRUNSWICK NJ 08933

Title           VP  
Name           KIBBEY, LOWINN N  
Address        ONE JOHNSON & JOHNSON  
                  PLAZA  
City-State-Zip: NEW BRUNSWICK NJ 08933

*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 G. JENKINS

SECRETARY

03/27/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date