

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003274

Entity Name: JOHNSON & JOHNSON HEALTH CARE SYSTEMS INC.**Current Principal Place of Business:**425 HOES LANE
PISCATAWAY, NJ 08855**Current Mailing Address:**425 HOES LANE
PISCATAWAY, NJ 08855 US**FEI Number:** 22-2765652**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 BENSON, MARK
Address 425 HOES LANE
City-State-Zip: PISCATAWAY NJ 08855

Title DIRECTOR, SECRETARY, VP
Name VASWANI, RAJ R
Address 425 HOES LANE
City-State-Zip: PISCATAWAY NJ 08855

Title TREASURER, VP
Name HERLAN, GREGORY M
Address 425 HOES LANE
City-State-Zip: PISCATAWAY NJ 08855

Title VP
Name FOUHY, SYLVIA
Address 425 HOES LANE
City-State-Zip: PISCATAWAY NJ 08855

Title VP
Name KOLLER, CHARLES G
Address 425 HOES LANE
City-State-Zip: PISCATAWAY NJ 08855

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: RAJ R VASWANI**SECRETARY****04/02/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date