

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 256675

FILED
Apr 30, 2004
Secretary of State

Entity Name: JOHNSON & JOHNSON VISION CARE, INC.

Current Principal Place of Business:

7500 CENTURION PKWY
STE 100
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7500 CENTURION PKWY
STE 100
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-0948197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KEEFER, P R
Address: 7500 CENTURION PKWY STE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: P () Delete
Name: CASEY, DM
Address: 7500 CENTURION PKWY
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPS () Delete
Name: KAUFMAN, M A
Address: 1 JOHNSON & JOHNSON PLZ
City-St-Zip: NEW BRUNSWICK, NJ 08933

Title: VPQA () Delete
Name: ROGASKI, S.
Address: 7500 CENTURION PKWY STE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: C () Delete
Name: OSTROV, G M
Address: 7500 CENTURION PKWY STE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: VF () Delete
Name: TREMEL, S J
Address: 7500 CENTURION PKWY STE 100
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPHR (X) Change () Addition
Name: CARPENTER, S.
Address: 7500 CENTURION PKWY STE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHELLEY K. CARPENTER

VPHR

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date