

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 256675

FILED
Feb 16, 2011
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

OFFICERS AND DIRECTORS:

Title: P
Name: BROWN, DAVID
Address: 7500 CENTURION PKWY STE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: AS
Name: SHARKEY, JOHN F
Address: 1 JOHNSON & JOHNSON PLZ
City-St-Zip: NEW BRUNSWICK, NJ 08933

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

Title: VP
Name: PETERSON, ALIZA
Address: 7500 CENTURION PKWY STE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP
Name: MOUNTAN, MICHAEL H
Address: 7500 CENTURION PKWY STE 100
City-St-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: MICHAEL H MOUNTAN

VP

02/16/2011

Electronic Signature of Signing Officer or Director

Date