

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90066 042 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 256675

1. Entity Name
JOHNSON & JOHNSON VISION CARE, INC.



10

Principal Place of Business
7500 CENTURION PKWY
STE 100
JACKSONVILLE, FL 32256

Mailing Address
7500 CENTURION PKWY
STE 100
JACKSONVILLE, FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-0948197

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
KEEFER, P R
7500 CENTURION PKWY STE 100
JACKSONVILLE, FL 32256

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

EXVP
CALLAHAN, J.M.
7500 CENTURION PKWY STE 100
JACKSONVILLE, FL 32256

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPS
KAUFMAN, M.A.
1 JOHNSON & JOHNSON PLZ
NEW BRUNSWICK, NJ 08933

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPQA
ROGASKI, S.
7500 CENTURION PKWY STE 100
JACKSONVILLE, FL 32256

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

C
OSTROV, G M
7500 CENTURION PKWY STE 100
JACKSONVILLE, FL 32256

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VF
TREMEL, S J
7500 CENTURION PKWY STE 100
JACKSONVILLE, FL 32256

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
DM Casey
7500 Centurion Pkwy
Jacksonville, FL 32256

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

Daytime Phone #

CR2E034 (10/02)