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DIVISION OF CORPORATION

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, Florida 32301

City State Zip Phone
904-222-1092

CORPORATION(S) NAME

700001582547
-07707795--01026--010
*****70.00 *****70.00

Johnson & Johnson Health Care Systems, Inc.

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> CUS/ G/S | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input checked="" type="checkbox"/> Pick Up |
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**APPLICATION BY FOREIGN CORPORATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Johnson & Johnson Health Care Systems, Inc.
(Name of corporation: must include the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. New Jersey
(State or country under the law of which it is incorporated)
3. August 7, 1986 4. Perpetual
(Date of Incorporation) (Duration)
5. 222765652
(Federal Employer Identification number, if applicable)
6. Upon Qualification
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 425 Hoes Lane, Piscataway, New Jersey 08855
(Current mailing address)
8. General Purpose - Health Care Business
(Brief description of the nature of the business in which it is engaged in the state of Florida)
9. Names and street addresses of officers and or directors:
A. Directors:
Chairman: _____
Address: _____

Vice Chairman: _____
Address: _____

Director: D. N. Longstreet
Address: One J&J Plaza
New Brunswick, New Jersey 08933
Director: D. P. Carberry
Address: 425 Hoes Lane
Piscataway, New Jersey 08855

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Officers:

President: D. M. Longstreet
Address: One J&J Plaza
New Brunswick, NJ 08933

Vice President: J. S. Orban
Address: One J&J Plaza
New Brunswick, NJ 08933

Secretary: P. S. Galloway
Address: One J&J Plaza
New Brunswick, NJ 08933

Treasurer: D. P. Carberry
Address: 425 Hoos Lane
Piscataway, NJ 08855

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: C T Corporation System
Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324
Zip Code

11. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

Registered agent's signature: _____

(Officer)
(Typed Name and Title of Officer)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13. J. S. Orban
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. J. S. Orban, Vice President
(Name and capacity of person signing application)

NEW JERSEY SECRETARY OF STATE
JOHNSON & JOHNSON HEALTH CARE SYSTEMS INC.

I, THE SECRETARY OF STATE OF THE STATE OF NEW JERSEY, DO HEREDY
CERTIFY THAT THE RECORDS OF THIS OFFICE SHOW THAT THE CHARTER/AUTHORITY
OF THE ABOVE-NAMED BUSINESS WAS FILED IN THIS OFFICE ON AUG. 07, 1986.

I FURTHER CERTIFY, THAT SO FAR AS THE RECORDS OF THIS OFFICE SHOW,
SAID BUSINESS HAS NOT BEEN DISSOLVED, CANCELLED, OR WITHDRAWN, NOR HAS
ITS CHARTER/AUTHORITY BEEN VOIDED/REVOKED FOR NON-PAYMENT OF STATE TAXES
BY PROCLAMATION. IT NOW CONTINUES TO MAINTAIN ACTIVE STATUS WITHIN THE
STATE OF NEW JERSEY. AT THE TIME OF THE ISSUANCE OF THIS CERTIFICATE,
ANNUAL REPORTS ARE CURRENT.

I FURTHER CERTIFY THAT THE LOCATION OF THE REGISTERED OFFICE IS

ONE JOHNSON & JOHNSON PLA

NEW BRUNSWICK

NJ 08933

AND THE REGISTERED AGENT IS P. S. GALLOWAY.

JUL. 03, 1995

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DIVISION OF CORPORATIONS
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Thomas R. Hootley

