FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 7:17

DOCUMENT # **P22305** **(7)**

1. Corporation Name
JOHNSON & JOHNSON MEDICAL, INC.

Principal Place of Business	Mailing Address
2500 ARBROOK BLVD PO BOX 90130 ARLINGTON TX 76004-3130 US	2500 ARBROOK BLVD PO BOX 90130 ARLINGTON TX 76004-3130 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/28/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 22-2881674 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	CLARKE, W.A.	12 NAME		
STREET ADDRESS	2500 ARBROOK BLVD.	13 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON TX	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	MCQUIRK, T.B.	22 NAME	BENEDICT, G.L.	
STREET ADDRESS	2500 ARBROOK BLVD.	23 STREET ADDRESS	2500 ARBROOK BLVD.	
CITY-ST-ZIP	ARLINGTON TX	24 CITY-ST-ZIP	ARLINGTON, TX	
TITLE	VTD	31 TITLE		☐ Change ☐ Addition
NAME	TOTH, J.R.	32 NAME		
STREET ADDRESS	2500 ARBROOK BLVD.	33 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON TX	34 CITY-ST-ZIP		
TITLE	S	41 TITLE	S	☒ Change ☐ Addition
NAME	WOODWARD, J.T. (III)	42 NAME	CHRISTIANSEN, R.E.	
STREET ADDRESS	ONE J & J PLAZA	43 STREET ADDRESS	ONE J & J PLAZA	
CITY-ST-ZIP	NEW BRUNSWICK, NJ.	44 CITY-ST-ZIP	NEW BRUNSWICK, NJ	
TITLE	VD	51 TITLE	VD	☒ Change ☐ Addition
NAME	TERRY, J.D.	52 NAME	SCHOTT, R.J.	
STREET ADDRESS	2500 ARBROOK BLVD.	53 STREET ADDRESS	2500 ARBROOK BLVD.	
CITY-ST-ZIP	ARLINGTON TX	54 CITY-ST-ZIP	ARLINGTON, TX	
TITLE	VD	61 TITLE		☐ Change ☐ Addition
NAME	MALY, J.R.	62 NAME		
STREET ADDRESS	2500 ARBROOK BLVD.	63 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON TX	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: J.R. TOTH March 24, 1995 (817)467-0211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480778 FP