

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P22305

(7)

1. Corporation Name

JOHNSON & JOHNSON MEDICAL, INC.

Principal Place of Business

2500 ARBROOK BLVD  
PO BOX 90130  
ARLINGTON TX 76004-3130  
US

Mailing Address

2500 ARBROOK BLVD  
PO BOX 90130  
ARLINGTON TX 76004-3130  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324

3. Date Incorporated or Qualified

12/28/1988

3a. Date of Last Report

04/26/1996

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FANNING, S.F.  
STREET ADDRESS 2500 ARBROOK BLVD  
CITY-ST-ZIP ARLINGTON TX

TITLE VD ☒ DELETE

NAME BENEDICT, G.L.  
STREET ADDRESS 2500 ARBROOK BLVD.  
CITY-ST-ZIP ARLINGTON TX

TITLE VTD ☒ DELETE

NAME TOTH, J.R.  
STREET ADDRESS 2500 ARBROOK BLVD.  
CITY-ST-ZIP ARLINGTON TX

TITLE S ☐ DELETE

NAME CHRISTIANSEN, R.E.  
STREET ADDRESS ONE J & J PLAZA  
CITY-ST-ZIP NEW BRUNSWICK, NJ

TITLE VD ☐ DELETE

NAME SCHOTT, R.J.  
STREET ADDRESS 2500 ARBROOK BLVD.  
CITY-ST-ZIP ARLINGTON TX

TITLE VD ☒ DELETE

NAME MALY, J.R.  
STREET ADDRESS 2500 ARBROOK BLVD.  
CITY-ST-ZIP ARLINGTON TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VD  
CARPENTER, S.  
2.3 STREET ADDRESS 2500 ARBROOK BLVD  
2.4 CITY-ST-ZIP ARLINGTON TX

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME VTD  
BAIN, K.M.  
3.3 STREET ADDRESS 2500 ARBROOK BLVD  
3.4 CITY-ST-ZIP ARLINGTON TX

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME VD  
TOTH, J.R.  
6.3 STREET ADDRESS 2500 ARBROOK BLVD  
6.4 CITY-ST-ZIP ARLINGTON TX

14. I do 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 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 address.

SIGNATURE

*[Signature]*

*[Signature]*

FILED  
Apr 29 1997 8:00am  
Secretary of State



CR2E034 (9/96)