

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V34692

Entity Name: PERRIGO FLORIDA, INC.

FILED
Nov 20, 2008
Secretary of State**Current Principal Place of Business:**2201 4TH AVE. NORTH
LAKE WORTH, FL 33461 US**New Principal Place of Business:****Current Mailing Address:**2201 4TH AVE. NORTH
LAKE WORTH, FL 33461 US**New Mailing Address:**

FEI Number: 65-0336176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CFO () Delete
Name: BUVEL, JOSEPH G
Address: 2201 4TH AVE. NORTH
City-St-Zip: LAKE WORTH, FL 33461Title: CEO () Delete
Name: FINNEGAN, EDWARD G
Address: 2201 4TH AVE. NORTH
City-St-Zip: LAKE WORTH, FL 33461Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PRES (X) Change () Addition
Name: PAPA, JOSEPH C
Address: 515 EASTERN AVENUE
City-St-Zip: ALLEGAN, MI 49010 USTitle: EVP (X) Change () Addition
Name: BROWN, JUDY L
Address: 515 EASTERN AVENUE
City-St-Zip: ALLEGAN, MI 49010 USTitle: EVP () Change (X) Addition
Name: HENDRICKSON, JOHN T
Address: 515 EASTERN AVENUE
City-St-Zip: ALLEGAN, MI 49010 USTitle: SECR () Change (X) Addition
Name: KINGMA, TODD W
Address: 515 EASTERN AVENUE
City-St-Zip: ALLEGAN, MI 49010 USTitle: TREA () Change (X) Addition
Name: WINOWIECKI, RONALD L
Address: 515 EASTERN AVENUE
City-St-Zip: ALLEGAN, MI 49010 USTitle: SEC2 () Change (X) Addition
Name: MASON, DAVID W
Address: 515 EASTERN AVENUE
City-St-Zip: ALLEGAN, MI 49010 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TODD W. KINGMA

SECR

11/20/2008

Electronic Signature of Signing Officer or Director

Date