

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000132483

**Entity Name:** WATSON THERAPEUTICS, INC.**Current Principal Place of Business:**3400 ENTERPRISE WAY  
MIRAMAR, FL 33025**Current Mailing Address:**3400 ENTERPRISE WAY  
MIRAMAR, FL 33025 US**FEI Number:** 20-3584735**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221 E  
PALM BEACH GARDENS , FL 33410 US*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:** LUIS A. URIARTE

04/28/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BOYER , ANDREW  
Address        400 INTERPACE PARKWAY, BLDG A  
City-State-Zip:   PARSIPPANY NJ 07054

Title            SECRETARY, VP, DIRECTOR  
Name            SHANAHAN , BRIAN  
Address        425 PRIVET ROAD  
City-State-Zip:   HORSHAM PA 19044

Title            ASST. TREASURER  
Name            SESTAK , PATRICIA  
Address        1070 HORSHAM ROAD  
City-State-Zip:   NORTH WALES PA 19454

Title            SENIOR VICE PRESIDENT, CAO,  
DIRECTOR  
Name            GRIFFIN , DEBORAH  
Address        1090 HORSHAM ROAD  
City-State-Zip:   NORTH WALES PA 19454

Title            TREASURER, VP  
Name            KIMICK , FRANK  
Address        1070 HORSHAM ROAD  
City-State-Zip:   NORTH WALES PA 19454

*I hereby 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 all other like empowered.*

**SIGNATURE:** BRIAN SHANAHAN**SECRETARY, BY DINA            04/28/2017**  
**IRIZARRY, ATTORNEY-IN-**  
**FACT**

Electronic Signature of Signing Officer/Director Detail

Date