

2024 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
MIRAMAR, FL 33025 US**FEI Number:** 20-3584735**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name FOX, CHRISTINE
Address 400 INTERPACE PARKWAY, BLDG. A
City-State-Zip: PARSIPPANY NJ 07054

Title ASSISTANT TREASURER
Name MCCORMACK, DOUGLAS
Address 400 INTERPACE PARKWAY, BLDG. A
City-State-Zip: PARSIPPANY NJ 07054

Title VP, NORTH AMERICA SUPPLY CHAIN
Name ADAR, JONATHAN
Address 400 INTERPACE PARKWAY, BLDG. A
City-State-Zip: PARSIPPANY NJ 07054

Title SECRETARY, VP
Name SHANAHAN , BRIAN
Address 145 BRANDYWINE PARKWAY
City-State-Zip: WEST CHESTER PA 19380

Title TREASURER
Name PETERSON, DEBRA
Address 400 INTERPACE PARKWAY, BLDG. A
City-State-Zip: PARSIPPANY NJ 07054

Title VP, CFO, DIRECTOR
Name BARBER-LUI, SHARON
Address 400 INTERPACE PARKWAY
 BLDG A
City-State-Zip: PARSIPPANY NJ 07054

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****04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date