

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V34692

Entity Name: PERRIGO FLORIDA, INC.**Current Principal Place of Business:**515 EASTERN AVENUE
ALLEGAN, MI 49010**Current Mailing Address:**515 EASTERN AVENUE
ALLEGAN, MI 49010 US**FEI Number:** 65-0336176**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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
Name	NEEDHAM, JEFF
Address	515 EASTERN AVENUE
City-State-Zip:	ALLEGAN MI 49010

Title	SECRETARY, DIRECTOR
Name	KINGMA, TODD W.
Address	515 EASTERN AVENUE
City-State-Zip:	ALLEGAN MI 49010

Title	TREASURER
Name	CHERICO, LOUIS
Address	515 EASTERN AVENUE
City-State-Zip:	ALLEGAN MI 49010

Title	DIRECTOR
Name	KESSLER, MURRAY S.
Address	515 EASTERN AVENUE
City-State-Zip:	ALLEGAN MI 49010

Title	VP
Name	LOVELADY, AMANDA
Address	515 EASTERN AVENUE
City-State-Zip:	ALLEGAN MI 49010

Title	DIRECTOR
Name	SILCOCK, RAYMOND
Address	515 EASTERN AVENUE
City-State-Zip:	ALLEGAN MI 49010

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: TODD W. KINGMA**SECRETARY****02/01/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date