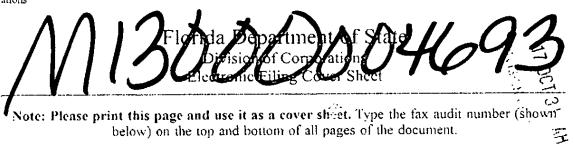
Division of Corporations



(((H170002872233)))



H170002872233ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	Division of Corporations	<u>&gt;</u>
	Fax Number (850) 617-6383	•
From:		•
	Account Name : C T CORPORATION SYST	EM
	Account Number : FCA000000023	
	Phone : (512)418-6949	••
	Fax Number : (954) 208-0845	-
		77 ·
481m4 m = +1	ne email address for this business enti	ry to be used for futu
annu	al report mailings. Enter only one emai	l address please.**
	30%	

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALERE NORTH AMERICA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

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Corporate Filing Menu

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### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	CT: Alere North America, LLC	
50202	Name of Foreign Limit	ed Liability Company
Dear S	or Madam:	
The en	losed application, certificate and fee(s) are sub	mitted for filing.
Please	eturn all correspondence concerning this matte	r to the following:
	Name of Person	
	Firm/Company	
	Address	<del></del>
	City/State and Zip Code	
-	stes@abbott.com	
E-m	il address: (to be used for future annual report	notification)
For fu	her information concerning this matter, please	
-	Name of Person Ar	ea Code, & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
<b>\$2</b> :	Certificate of Status	\$55 Filing Fee & S60 Filing Fee. Certified Copy Certified Copy  Certified Copy
CR2E0	5 (3/15)	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	rs on the records of the Florida Department of	
State: Alere North America, LLC		
Enter new principal office address, if applicable:	100 Abbott Park Road, Abbott Park, IL 60064	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	100 Abbott Park Road, Abbott Park, IL 60064	
2. The Florida document number of this limited lie	iability company is: M1300004693	三二
3. Jurisdiction of its organization: Delaware	774.12013	平 0.55
4. Date authorized to do business in Florida: 0//2	26/2013	
SECTION II (5-9 complete only the applicable	e changes)	
5. New name of the limited liability company: (mus	ist contain "Limited Liability Company, " "L.L.C.," or "L.L.C.")	I
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	ed for the purpose of transacting business in Florida and attach a nanaging members adopting the alternate name. The alternate na .C." or "LLC.")	me
registered agent and/or the new registered office a		
Name of New Registered Agent:		
New Registered Office Address:	Enter Piorida Street Address	
	, Florida	
_	City Zip Code	
the provisions of all statutes relative to the proper	Registered Agent: gent and agree to act in this capacity. I further agree to comply we and complete performance of my duties, and I am familiar wi istered agent as provided for in Chapter 605, F.S. Or. if this we in the registered Aftee address, I hereby confirm that the limi	th:

8. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change: See attachment to remove and add as shown				
itle/ Capacity	Name	Address	Type of Action	
<del></del>	See attachment		Add	
			Remove	
<del>.</del>			Add	
			17 Oct 31	
			Add	
			Remove	
			Add	
			Remove	
<del></del>			Add	
		· · · · · · · · · · · · · · · · · · ·	Remove	
aforemention	n certificate, if required: no more than 9 ned amendment(s), duly authenticated lunder the law of which this entity is org	by the official having custody of records in the	c	
	Cionaturo	of the nuthorized representative		
	By: Terric Bates, Authorized			

Filing Fee: \$25.00

#### Attachment

Alere North America, LLC

# Re: APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Ĺ

#### Remove the following:

Title SECRETARY

CHINIARA, ELLEN 51 SAWYER ROAD SUITE 200 WALTHAM, MA 02453

Title DIRECTOR

CRAMP, DANIELLA 6465 NATIONAL DRIVE LIVERMORE, CA 94550

Title TREASURER, VICE PRESIDENT

TOM, DAVID 6465 NATIONAL DRIVE LIVERMORE, CA 94550

Title PRESIDENT, DIRECTOR

ARAUJO, CLAUDIO 6465 NATIONAL DRIVE LIVERMORE, CA 94550

Title DIRECTOR

BARRY, DOUGLAS JOHN 51 SAWYER ROAD SUITE 200 WALTHAM, MA 02453

#### Add the following:

17 0CT 31 AH 10: 55

Brian B. Yoor, Manager 100 Abbott Park Road, Abbott Park, IL 60064

Alere U.S. Holdings, LLC, Member 100 Abbott Park Road, Abbott Park, IL 60064

FILED #10:5