

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000001958

**Entity Name:** DOMINION DIAGNOSTICS, LLC**Current Principal Place of Business:**211 CIRCUIT DRIVE  
NORTH KINGSTON, RI 02852**Current Mailing Address:**211 CIRCUIT DRIVE  
NORTH KINGSTOWN, RI 02852 US**FEI Number:** 54-1882269**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

**Authorized Person(s) Detail :**

Title MANAGER  
Name BROOKFIELD, ARTHUR  
Address 211 CIRCUIT DRIVE  
City-State-Zip: NORTH KINGSTON RI 02852

Title MANAGER  
Name GOLDBERG, JEREMY  
Address 211 CIRCUIT DRIVE  
City-State-Zip: NORTH KINGSTON RI 02852

Title MANAGER, AUTHORIZED  
REPRESENTATIVE  
Name MCSALLY, MARK  
Address 211 CIRCUIT DRIVE  
City-State-Zip: NORTH KINGSTON RI 02852

Title MANAGER  
Name BORDEN, PHILIP  
Address 211 CIRCUIT DRIVE  
City-State-Zip: NORTH KINGSTON RI 02852

Title MANAGER  
Name JOHNSON-TUFTS, CHARLENE  
Address 211 CIRCUIT DRIVE  
City-State-Zip: NORTH KINGSTON RI 02852

Title MANAGER  
Name KLAPSTEIN, JULIE  
Address 211 CIRCUIT DRIVE  
City-State-Zip: NORTH KINGSTON RI 02852

Title MANAGER  
Name OSOFSKY, MAX  
Address 211 CIRCUIT DRIVE  
City-State-Zip: NORTH KINGSTON RI 02852

Title MANAGER  
Name GARVEY, ROBERT  
Address 211 CIRCUIT DRIVE  
City-State-Zip: NORTH KINGSTON RI 02852

**Continues on page 2**

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK MCSALLY

MANAGER

04/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title	AUTHORIZED REPRESENTATIVE
Name	VANCE, SARA
Address	211 CIRCUIT DRIVE
City-State-Zip:	NORTH KINGSTON RI 02852