2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000005143

Entity Name: DOMINION DIAGNOSTICS HOLDINGS, LLC

Current Principal Place of Business:

211 CIRCUIT DRIVE

NORTH KINGSTOWN. RI 02852

Current Mailing Address:

211 CIRCUIT DRIVE

NORTH KINGSTOWN. RI 02852

FEI Number: 27-3953815 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:

Address

Title

Electronic Signature of Registered Agent

Address

Address

211 CIRCUIT DRIVE

211 CIRCUIT DRIVE

FILED Jan 19, 2018

Secretary of State

CC1517850765

Date

Date

Authorized Person(s) Detail:

Title MEMBER Title MEMBER

Name ARKANSAS TEACHER RETIREMENT Name SIWICKI, DAVID

SYSTEM

Address 211 CIRCUIT DRIVE City-State-Zip: NORTH KINGSTOWN RI 02852

City-State-Zip: NORTH KINGSTOWN RI 02852

Title MEMBER

Name DOMINION DIAGNOSTICS HOLDINGS,

INC.

1140

211 CIRCUIT DRIVE

Address 211 CIRCUIT DRIVE City-State-Zip: NORTH KINGSTOWN RI 02852

City-State-Zip: NORTH KINGSTOWN RI 02852
Title MEMBER

Title MEMBER Name RIVERSIDE FUND IV OFFSHORE, L.P.

Name RIVERSIDE FUND IV OFFSHORE – Address 211 CIRCUIT DRIVE

DOMINION HOLDINGS, INC

City-State-Zip: NORTH KINGSTOWN RI 02852

City-State-Zip: NORTH KINGSTOWN RI 02852 Title MEMBER

Name WEST VIRGINIA INVESTMENT

MEMBER MANAGEMENT BOARD

Name RIVERSIDE FUND IV, L.P. Address 211 CIRCUIT DRIVE

Address 211 CIRCUIT DRIVE City-State-Zip: NORTH KINGSTOWN RI 02852

City-State-Zip: NORTH KINGSTOWN RI 02852

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: DAVID SIWICKI MEMBER 01/19/2018

Electronic Signature of Signing Authorized Person(s) Detail