2022 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

Name

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **MEMBER** Title MEMBER

ARKANSAS TEACHER RETIREMENT SIWICKI, DAVID Name Name

SYSTEM

C/O DOMINION DIAGNOSTICS Address Address 211 CIRCUIT DRIVE

211 CIRCUIT DRIVE

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

Title **MEMBER** Title **MEMBER**

DOMINION DIAGNOSTICS HOLDINGS, Name RAGUNDA, LLP Name

INC

211 CIRCUIT DRIVE Address 211 CIRCUIT DRIVE

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

Title **MEMBER** Title **MEMBER**

Name RIVERSIDE FUND IV OFFSHORE, L.P. RIVERSIDE FUND IV OFFSHORE -Name

Address 211 CIRCUIT DRIVE DOMINION HOLDINGS, INC

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

City-State-Zip: Title **MEMBER**

WEST VIRGINIA INVESTMENT Title **MEMBER** Name

MANAGEMENT BOARD

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

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

City-State-Zip: NORTH KINGSTOWN RI 02852

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.

04/21/2022 SIGNATURE: DAVID SIWICKI MEMBEWR

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 21, 2022

Secretary of State

9804786419CC