

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1000005143

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

FILED
Apr 24, 2019
Secretary of State
8409089508CC

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 MEMBER
Name ARKANSAS TEACHER RETIREMENT SYSTEM
Address 211 CIRCUIT DRIVE
City-State-Zip: NORTH KINGSTOWN RI 02852

Title MEMBER
Name SIWICKI, DAVID
Address C/O DOMINION DIAGNOSTICS
211 CIRCUIT DRIVE
City-State-Zip: NORTH KINGSTOWN RI 02852

Title MEMBER
Name DOMINION DIAGNOSTICS HOLDINGS, INC
Address 211 CIRCUIT DRIVE
City-State-Zip: NORTH KINGSTOWN RI 02852

Title MEMBER
Name RAGUNDA, LLP
Address 211 CIRCUIT DRIVE
City-State-Zip: NORTH KINGSTOWN RI 02852

Title MEMBER
Name RIVERSIDE FUND IV OFFSHORE – DOMINION HOLDINGS, INC
Address 211 CIRCUIT DRIVE
City-State-Zip: NORTH KINGSTOWN RI 02852

Title MEMBER
Name RIVERSIDE FUND IV OFFSHORE, L.P.
Address 211 CIRCUIT DRIVE
City-State-Zip: NORTH KINGSTOWN RI 02852

Title MEMBER
Name RIVERSIDE FUND IV, L.P.
Address 211 CIRCUIT DRIVE
City-State-Zip: NORTH KINGSTOWN RI 02852

Title MEMBER
Name WEST VIRGINIA INVESTMENT MANAGEMENT BOARD
Address 211 CIRCUIT DRIVE
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

04/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date