

2015 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F11000003037

Entity Name: ALERE HOME MONITORING, INC.**Current Principal Place of Business:**6465 NATIONAL DR
LIVERMORE, CA 94550**Current Mailing Address:**6465 NATIONAL DR
LIVERMORE, CA 94550**FEI Number:** 20-0391730**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**Officer/Director Detail :**

Title SD
Name CHINIARA, ELLEN V
Address 51 SAWYER RD - STE. 200
City-State-Zip: WALTHAM MA 02453

Title VP
Name TEITEL, DAVID
Address 51 SAWYER RD SUITE 200
City-State-Zip: WALTHAM MA 02453

Title D
Name CRAMP, DANIELLA
Address 6465 NATIONAL DRIVE
City-State-Zip: LIVERMORE CA 94550

Title AS
Name FISTER, JULIUS C.
Address 51 SAWYER ROAD, SUITE 200
City-State-Zip: WALTHAM MA 02453

Title TREASURER
Name TOM, DAVID
Address 6465 NATIONAL DRIVE
City-State-Zip: LIVERMORE CA 94550

Title PRESIDENT, DIRECTOR
Name ARAUJO, CLAUDIO
Address 30 SOUTH KELLER ROAD
City-State-Zip: ORLANDO FL 32810

Title ASST. SECRETARY
Name BARRY, DOUGLAS
Address 51 SAWYER ROAD
SUITE 200
City-State-Zip: WALTHAM MA 02453

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS BARRY

ASST. SECRETARY

07/02/2015

Electronic Signature of Signing Officer/Director Detail_____
Date