2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# F00000004521

Entity Name: ALERE HEALTH IMPROVEMENT COMPANY

Current Principal Place of Business:

1850 PARKWAY PLACE
12TH FLOOR
MARIETTA, GA 30067

New Principal Place of Business:

Current Mailing Address:

1850 PARKWAY PLACE
12TH FLOOR
MARIETTA, GA 30067

New Mailing Address:

FEI Number: 23-2776413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PETIT, PARKER H
Address: 1850 PARKWAY PLACE
City-St-Zip: MARIETTA, GA 30067

Title: D ( ) Delete
Name: PETIT, PARKER H
Address: 1850 PARKWAY PLACE
City-St-Zip: MARIETTA, GA 30067

Title: VP ( ) Delete
Name: KUNTZ, THORNTON A
Address: 1850 PARKWAY PLACE
City-St-Zip: MARIETTA, GA 30067

Title: T ( ) Delete
Name: HINTON, JEFFREY L
Address: 1850 PARKWAY PLACE
City-St-Zip: MARIETTA, GA 30067

Title: S (X) Delete
Name: MCCAW, ROBERTA L
Address: 1850 PARKWAY PLACE
City-St-Zip: MARIETTA, GA 30067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: RON, GERATY
Address: 10615 PROFESSIONAL CIRCLE
City-St-Zip: RENO, NV 89521

Title: D (X) Change ( ) Addition
Name: DAVID, TEITEL
Address: 51 SAWYER ROAD, SUITE 200
City-St-Zip: WALTHAM, MA 02453

Title: D (X) Change ( ) Addition
Name: ELLEN, CHINIARA
Address: 51 SAWYER ROAD, SUITE 200
City-St-Zip: WALTHAM, MA 02453

Title: S (X) Change ( ) Addition
Name: CRAIG, APOLINSKY
Address: 1850 PARKWAY PLACE
City-St-Zip: MARIETTA, GA 30067

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELLEN CHINIARA D 05/01/2009

Electronic Signature of Signing Officer or Director Date