

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004521

FILED  
Mar 25, 2011  
Secretary of State

**Entity Name:** ALERE HEALTH IMPROVEMENT COMPANY

**Current Principal Place of Business:**

3200 WINDY HILL ROAD  
SUITE B-100  
ATLANTA, GA 30039

**New Principal Place of Business:**

**Current Mailing Address:**

3200 WINDY HILL ROAD  
SUITE B-100  
ATLANTA, GA 30039

**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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**OFFICERS AND DIRECTORS:**

Title: DCEO  
Name: UNDERWOOD, TOM  
Address: 1850 PARKWAY PLACE  
City-St-Zip: MARIETTA, GA 30067

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

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

Title: S  
Name: APOLINSKY, CRAIG  
Address: 1850 PARKWAY PLACE  
City-St-Zip: MARIETTA, GA 30067

Title: AS  
Name: MCNAMARA, JAY  
Address: 51 SAWYER ROAD, SUITE 200  
City-St-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: JAY MCNAMARA

AS

03/25/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date