

**F00000007195**

**Florida Department of State  
Division of Corporations  
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**To:**  
Division of Corporations  
Fax Number : (850) 617-6380

**From:**  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**FILED**  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**REGISTERED AGENT CHANGE  
GENECARE MEDICAL GENETICS CENTER, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
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*Handwritten signature and number 306*

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: GeneCare Medical Genetics Center, Inc.  
Name of Corporation

DOCUMENT NUMBER: F00000007195

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Caterina Rorick  
Name of Contact Person

Inverness Medical Innovations, Inc.  
Firm/Company

51 Sawyer Road, Suite 200  
Address

Waltham, MA 02453  
City/State and Zip Code

caterina.rorick@invmed.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caterina Rorick at ( 781 ) 314-2142  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CR2E045 (8/05)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of North Carolina in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GeneCare Medical Genetics Center, Inc.
2. The principal office address: 201 SAGE ROAD, STE 300 CHAPEL HILL NC 27514 US
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/27/2000 Document number: F00000007193

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

INCORPORATING SERVICES, LTD., INC.  
1540 GLENWAY DRIVE TALLAHASSEE FL 32301 US

FILED  
10 MAR 24 AM 11:20  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
P.O. Box NOT acceptable  
Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Jay McManis Assistant Secretary  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: C T Corporation System  
Signature of Registered Agent

March 24, 2010  
Date

If signing on behalf of an entity:

[Signature]  
Typed or printed name  
Special Assistant

Secretary \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)