

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000000981

1. Entity Name  
ALERE MEDICAL INCORPORATED



Principal Place of Business  
595 DOUBLE EAGLE COURT, SUITE 1000  
RENO, NV 89521

Mailing Address  
595 DOUBLE EAGLE COURT, SUITE 1000  
RENO, NV 89521

FILED  
04 JUN -1 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

03212003 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

94-3238845

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UCC FILING & SEARCH SERVICES, INC.  
526 EAST PARK AVENUE, SUITE 200  
TALLAHASSEE, FL 32302  
32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete  
NAME LLOYD, L. JOHN  
STREET ADDRESS 595 DOUBLE EAGLE COURT, SUITE 1000  
CITY-ST-ZIP RENO, NV 89521

TITLE TCFO ☐ Delete  
NAME KRACHUN, WAYNE  
STREET ADDRESS 595 DOUBLE EAGLE COURT, SUITE 1000  
CITY-ST-ZIP RENO, NV 89521

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 900037731909  
STREET ADDRESS 06/08/04--01005--022 \*\*150.00  
CITY-ST-ZIP 89521

TITLE ☒ Change ☐ Addition  
NAME 89521  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PRESIDENT + CEO ☐ Change ☒ Addition  
NAME GERATY, RONALD, M.D.  
STREET ADDRESS SAME AS ABOVE  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wayne Krachun

WAYNE KRACHUN

5/28/04

775 336-1131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TK



PS 272

ALERE\* Medical Incorporated

May 28, 2004

Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

Dear Sir or Madam:

Attached are the 2004 Annual Report and our check for \$150. Until earlier this week, I was unaware we had not yet filed our report. The renewal invoice from our registered agent in the great state of Florida prompted me to call their office. Our agent asked if I had filed the report, and I responded that I never received notice to file. He mentioned that the state had mailed a post card sized notice. I never received it.

Our agent was kind enough to direct me to your website, from which I printed the form, completed it, and had it couriered to his office for expedited delivery and payment.

In light of the circumstances, on behalf of Alere Medical, I respectfully request abatement of all penalties and late fees. Once I became aware of the non-filing, I reacted promptly to restore our good standing with the state of Florida.

Thank you for your consideration.

Sincerely,

Wayne Krachun  
Vice President & CFO