

FD2000000981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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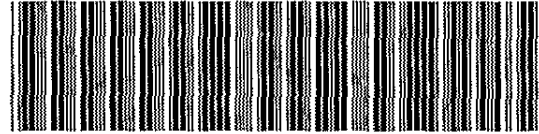
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALERE MEDICAL INCORPORATED  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Sally Ann Sewald, Paralegal  
(Name of Contact Person)

ALERE MEDICAL INCORPORATED  
(Firm/Company)

595 Double Eagle Court, Suite 1000  
(Address)

Reno, NV 89521  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sally Ann Sewald at ( 214 ) 535-4226  
(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



Connecting. Caring. Empowering.™

Sally Ann Sewald  
Paralegal

July 14, 2006

**URGENT AND CONFIDENTIAL**

Florida Secretary of State  
Division of Corporations  
Amendment Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Alere Medical Incorporated, a California corporation ("Alere")  
FEI Number: 943238845  
Date Filed: February 25, 2002

Dear Madam or Sir:

I have enclosed a fully-executed original of the *Statement of Change of Registered Office and Registered Agent* and one (1) copy for filing with the appropriate records of the Florida Secretary of State together with the Certificate of Status from the domestic state. Finally, I have also enclosed our firm's check in the amount of \$35.00 made payable to the Florida Department of State. Please return file-marked copies to the undersigned in the self-addressed stamped envelope provided for your convenience.

Thank you for your assistance. If you have any comments or questions, please do not hesitate to contact me at your earliest convenience.

With kindest regards, I am

Sincerely,

**ALERE MEDICAL INCORPORATED**

By: \_\_\_\_\_

Sally Ann Sewald

Encls.: Statement of Change  
\$35.00 Check made payable to the Florida Department of State  
cc:w/ Encls.: Mr. Wayne Krachun

**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 California in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ALERE MEDICAL INCORPORATED
2. The principal office address: 595 Double Eagle Court, Suite 1000, Reno, NV 89521
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/25/2002 Document number: F02000000981
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

UCC Filing & Search Services, Inc.

1574 Village Square Blvd., Suite 100

Tallahassee, FL 32309

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

C T CORPORATION SYSTEM

1200 South Pine Island Road Plantation, Florida 33324

(P.O. Box NOT acceptable)

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.

Wayne Krachun  
(Signature of an officer or director)

Wayne Krachun, Treasurer, CFO  
(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.*

Naseem A. Conde

(Signature of Registered Agent)

6.13.06

(Date)

If signing on behalf of an entity:

**NASEEM A. CONDE  
SPECIAL ASST. SECRETARY**

(Typed or Printed Name)

\*\*\* 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)

FILED  
JUL 17 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA