F02000000981

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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: Alere Medical Incorpo	e of Corporation)
DOC	UMENT NUMBER: F0200000	
The e	nclosed Amendment and fee are sub-	mitted for filing.
Please	e return all correspondence concernit	ng this matter to the following:
Davi	d A. Garcia, Esq.	
	(Name of Contact Person)	
Hale	Lane	
	(Firm/Company)	
5441	Kietzke Lane, Second Flo	oor
Ren	o, NV 89511 (City/State and Zip Code)	
For fu	rther information concerning this ma	atter, please call:
<u>Davi</u>	d A. Garcia (Name of Contact Person)	at (775) 327-3021 (Area Code & Daytime Telephone Number)
Enclos	sed is a check for the following amou	unt:
s	\$43.75 Filing Fee Certificate of State	\$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Ameno Divisio P.O. B	ng Address: Ilment Section on of Corporations ox 6327 assee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

	•	,	
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,	(Document num	ber of corporation (if known)	器复加
1. Alere Medical Ind	corporated		29 ASS
((Name of corporation as it appear	ars on the records of the Department	
2. California		_{3.} 2/25/2002	STA FLOR
(Incorpo	orated under laws of)	(Date authorized	to do business in florida)
		ECTION II .Y THE APPLICABLE CHANGES)	
4. If the amendment chang its jurisdiction of incorp	=	tion, when was the change effe	ected under the laws of
5. Alere Medical, Inc. (Name of corporation a appropriate abbreviation)	C. fter the amendment, adding on, if not contained in new	suffix "corporation," "compa name of the corporation)	ny," or "incorporated," or
(If new name is unavaila business in Florida)	ible in Florida, enter alterna	ate corporate name adopted for	the purpose of transacting
6. If the amendment chang	ges the period of duration, i	indicate new period of duration	I.
	a	New duration)	-
7. If the amendment chang	ges the jurisdiction of incor	poration, indicate new jurisdic	tion.
	(N	lew jurisdiction)	-
8. Attached is a certificate 90 days prior to deliver having custody of corpo	or document of similar im y of the application to the I orate records in the jurisdic	port, evidencing the amendmen Department of State, by the Section under the laws of which it	nt, authenticated not more than cretary of State or other official is incorporated.
An_	e Copa		
(Signature of a direct of a receiver or other	or, president or other officer - i er court appointed fiduciary, by t	f in the hands that fiduciary)	
Jon Tropsa		CFO, Executi	ve Vice President
(Typed or printe	ed name of person signing)	(Title of po	erson signing)

State of California Secretary of State

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the 9th day of February, 1996, "ALERE MEDICAL INCORPORATED", NOW: ALERE MEDICAL, INC. became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 1, 2007.



DEBRA BOWEN
Secretary of State