2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000981

Entity Name: ALERE MEDICAL, INC.

FILED Apr 17, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 595 DOUBLE EAGLE COURT, SUITE 1000 595 DOUBLE EAGLE CT. RENO, NV 89521 RENO, NV 89521 **Current Mailing Address: New Mailing Address:** 595 DOUBLE EAGLE COURT, SUITE 1000 595 DOUBLE EAGLE CT. RENO, NV 89521 RENO, NV 89521 FEI Number: 94-3238845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: PRFS (X) Change () Addition Name: LLOYD, L. JOHN Name: GERATY, MD, RON 595 DOUBLE EAGLE COURT, SUITE 1000 595 DOUBLE EAGLE CT. Address: Address: City-St-Zip: RENO, NV 89521 City-St-Zip: RENO. NV 89521 Title: Title: **TCFO** () Delete ASEC (X) Change () Addition KRACHUN, WAYNE Name: KRACHUN, WAYNE Name: 595 DOUBLE EAGLE COURT, SUITE 1000 595 DOUBLE EAGLE CT. Address: Address: RENO, NV 89521 RENO, NV 89521 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: **PCFO** () Delete TRSR GERATY, RONALD MD KRACHUN, WAYNE Name: Name: 595 DOUBLE EAGLE COURT, SUITE 1000 595 DOUBLE FAGLE CT Address: Address: City-St-Zip: RENO, NV 89521 City-St-Zip: RENO, NV 89521 Title: () Delete Title: VΡ () Change (X) Addition CARTELLI, KATHY Name: Name: Address: Address: 595 DOUBLE EAGLE CT. City-St-Zip: City-St-Zip: RENO. NV 89521 Title: Title: () Change (X) Addition () Delete MULLOY, JENNIFER Name: Name: Address: 595 DOUBLE EAGLE CT. Address: City-St-Zip: City-St-Zip: RENO, NV RENO Title: () Delete Title: () Change (X) Addition TADLER, RICHARD Name: Name: 595 DOUBLE EAGLE CT. Address: Address: City-St-Zip: City-St-Zip: RENO. NV 89521

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MANDELINE HENDRICKS POA 04/17/2008