2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2011
Secretary of State

DOCUMENT# F02000000981

Entity Name: ALERE MEDICAL, INC.

Current Principal Place of Business:

595 DOUBLE EAGLE CT.
RENO, NV 89521

New Principal Place of Business:

10615 PROFESSIONAL CIRCLE
RENO, NV 89521

Current Mailing Address:

595 DOUBLE EAGLE CT.
RENO, NV 89521

New Mailing Address:

10615 PROFESSIONAL CIRCLE
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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: UNDERWOOD, TOM
Address: 1850 PARKWAY PLACE
City-St-Zip: MARIETTA, GA 30067

Title: SEC
Name: CHINIARA, ELLEN
Address: 51 SAWYER ROAD, SUITE 200
City-St-Zip: WALTHAM, MA 02453

Title: VPT
Name: TEITEL, DAVID
Address: 51 SAWYER ROAD, SUITE 200
City-St-Zip: WALTHAM, MA 02453

Title: AS
Name: MCNAMARA, JAY
Address: 51 SAWYER ROAD, SUITE 200
City-St-Zip: WALTHAM, MA 02453

I hereby 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 all other like empowered.

SIGNATURE: JAY MCNAMARA AS 03/25/2011
Electronic Signature of Signing Officer or Director — Date