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Account Name : C T CORPORATION SYSTEM

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Phone : (850)222-1092 Fax Number : (850)878-5368

PARADIGM HEALTH SYSTEMS, INC.

OR AMND/RESTATE/CORRECT OR O/D RESIGN

Certificate of Status	0
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EXAMNE R 3/2009

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 ((1-3 MUST BE COMPLETED)

(1-2 MOS.I RE COMPLETED)		
F03000006479		
(Document number of corporation (if known)		
Paradigm Health Systems, Inc.		
(Name of corporation as it ap	pears on the records of the Department of State)	
2. Delaware	3_12/31/2003	
(Incorporated under laws of)	(Date authorized to do business in Florida)	
(4-7 COMPLETE O	SECTION II ONLY THE APPLICABLE CHANGES)	
4. If the amendment changes the name of the corporation? 12/31/08	oration, when was the change effected under the laws of	
Alere Health Systems, Inc. (Name of corporation after the amendment, add appropriate abbreviation, if not contained in no	ing suffix "corporation," "company," or "incorporated,"	
(If new name is unavailable in Florida, enter alte business in Florida)	mate corporate name adopted for the purpose of transacting	
6. If the amendment changes the period of duration	n, indicate new period of duration.	
	(New duration)	
7. If the amendment changes the jurisdiction of inc	corporation, indicate new jurisdiction.	
	(New jurisdiction)	
 Attached is a certificate or document of similar 90 days prior to delivery of the application to the having custody of corporate records in the jurist 	import, evidencing the amendment, authenticated not more than e Department of State, by the Secretary of State or other official diction under the laws of which it is incorporated.	
(Signature of a director, president or other officer of a receiver or other court appointed fiduciary, by	- if in the hands by that fiduciary)	
Jay McNamara	Assistant Secretary	
(Typed or printed name of person signing)	(Title of person signing)	

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PARADIGM HEALTH SYSTEMS, INC.", FILED A CERTIFICATE OF OWNERSHIP, CHANGING ITS NAME TO "ALERE HEALTH SYSTEMS, INC.", THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2008, AT 2:21 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF OWNERSHIP IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2008, AT 11:56 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

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090288044

You may verify this cartificate onling or comp. delevers gov/authmer, shinl

AUTHENTICATION: 7200036

DATE: 03-20-09