Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 12000000195 : (850)521-0821 Phone

Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for future

**Enter the email address for this business entity to be used for future

Enter the email address please.

Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION ALERE HEALTH IMPROVEMENT COMPANY

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Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	on of Corporations	
SUBJECT:	Alere Health Improvement Company	
	Name of corporation - must include suffix	
Dear Sir or Ma	adam:	
"Certificate of	"Application by Foreign Corporation for Authorization to Transact Business in Florid Existence," or "Certificate of Good Standing" and check are submitted to register the sed foreign corporation to transact business in Florida.	
Please return a	all correspondence concerning this matter to the following:	
	Name of Person	
Alere Health	Improvement Company	· · · · · · · · · ·
	Firm/Company	·
		Egg 5
	Address	
	City/State and Zip code	
	E-mail address: (to be used for future annual report notification)	H 8: 40
For further in f	ormation concerning this matter, please call:	
To turner in	ornation concerning and matter, prease can.	
	at ()	1 fat w
Name	of Person Area Code & Daytime Telephone Number	
New F Divisio Cliftor 2661 E	ET/COURIER ADDRESS: illing Section on of Corporations Building Executive Center Circle assee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a c	heck for the following amount:	
\$70.00 Fil	ling Fee \$\Bigcup \frac{\$78.75}{\text{Filing Fee & Certified Copy}} \Bigcup \frac{\$87.50}{\text{Filing Fee & Certified Copy}} \Bigcup \frac{\$87.50}{\text{Certificate of Status}} \Bigcup \Bigcup \frac{\$100}{\text{Certified Copy}} \Bigcup \	Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name o	th Improvement Company. f corporation; must include "INCORPORAT" "Corp," "Inc," "Co," or "Corp.")	ED.	" "COMPANY," "CORPORATION,"		
(If name unav	ailable in Florida, enter alternate corporate na	ıme	adopted for the purpose of transacting business	s in Florida)	
2. Delaware		3.	22-3493126		
(State or count	ry under the law of which it is incorporated)		(FEI number, if applicable)		,
4. September		5.	Perpetual		
(D	ate of incorporation)		(Duration: Year corp. will cease to exist or "	perpetual")	
6. Upon Filing					
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7 10 Mountain	nview Road, Upper Saddle River, NJ	074	158		
·	(Principal office				
-					
	(Current mailing	add	ress)	477	
g Health Man	agement			ALC ALC	2 0:
· · · · · · · · · · · · · · · · · · ·	e(s) of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)	I fr	2
9. Name and str	reet address of Florida registered agent: (P.C). Box <u>NOT</u> acceptable)		OCT 18 AM 8: 4
Name:	Corporation Service Company		· 	S JC	
Office Address:	1201 Hays Street			HATA AGE]†:
	Tallahassee		Florida 32301		<u> </u>
	(City)		, Florida 32301 (Zip code)		, , , , ,
Having been no designated in th further agree to	is application, I hereby accept the appoint comply with the provisions of all statute ar with and accept the obligations of my	ntn s r	ce of process for the above stated corporation as registered agent and agree to act it elative to the proper and complete perform sition as registered agent.	n this capac nance of my	ity. I
	By:	fe	really chart Asse. Vice Press	chaecer	
	(Registered agent's signatu	120)	The state of the s		

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Chairman: See Attached Address: Vice Chairman: Address: Director: Address: Director: Address: Director: See Attached Address: Director: Address: B. OFFICERS President: See Attached Address: Vice President: See Attached Address:		
Address: Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS President: See Attached Address: Vice President: Address:		
Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS President: See Attached Address: Vice President: Address:		
Address: Director: Address: Director: Address: Director: Address: Director: Address: Address: Address: Director: Address: Address: Director: Address: Address: Director: Address: Direc		
Address: Director: Address: Director: Address: Director: Address: Director: Address: Address: Address: Director: Address: Address: Director: Address: Address: Director: Address: Direc		
Director: Address: Director: Address: B. OFFICERS President: See Attached Address: Vice President: Address:		
Director: Address: Director: Address: B. OFFICERS President: See Attached Address: //ice President:		
Address: Director: Address: B. OFFICERS President: See Attached Address: Vice President: Address:		
Director: Address: B. OFFICERS President: See Attached Address: Vice President: Address:		
Director: Address: B. OFFICERS President: See Attached Address: Vice President: Address:		
Address: B. OFFICERS President: See Attached Address: Vice President: Address:		
Address: B. OFFICERS President: See Attached Address: Vice President: Address:		
B. OFFICERS President: See Attached Address: Vice President: Address:		
President: See Attached Address: Vice President: Address:		
Address:		
Address:)	ه
/ice President:		2 007
/ice President:	ASS.	
Address:	THE STATE OF THE S	-30
ecretary:	- - - - - - - - - - - - - -	- E
	- <u>SH</u> -	-
Address:		
reasurer:		
.ddress:		
OTE: If necessary, you may attach an addendum to the application listing additional officers and/or dir	ectors.	
3.		
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts	stated he	erein

(Typed or printed name and capacity of person signing application)

Officers and Directors for Alere Health Improvement Company

Ellen Chiniara

Assistant Secretary/Director

Business Address:

Suite 200, 51 Sawyer Road, Waltham, MA 02453

Jay Fister

Assistant Secretary

Business Address:

Suite 200, 51 Sawyer Road, Waltham, MA 02453

Ken Piernik

Assistant Secretary

Business Address:

3200 Windy Hill Road, Suite B-100, Atlanta, GA 30339

Jeanne Shingleton

Assistant Secretary

Business Address:

3200 Windy Hill Road, Suite B-100, Atlanta, GA 30339

Jay McNamara

Assistant Secretary

Business Address:

Suite 200, 51 Sawyer Road, Waltham, MA 02453

Mike Cotton

Chief Executive Officer/Director

Business Address:

3200 Windy Hill Road, Suite B-100, Atlanta, GA 30339

Joseph Blankenship

Desciones Address

Chief Financial Officer/Executive Vice President

Business Address:

3200 Windy Hill Road, Suite B-100, Atlanta, GA 30339

David Teitel

Vice President/Treasurer/Director

Business Address:

Suite 200, 51 Sawyer Road, Waltham, MA 02453

Gregg Raybuck

President

Business Address"

3200 Windy Hill Road, Suite B-100, Atlanta, GA 30339

Craig Apolinsky

Secretary

Business Address:

3200 Windy Hill Road, Suite B-100, Atlanta, GA 30339

SECRETARY OF STATE

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ALERE HEALTH IMPROVEMENT COMPANY"

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND

IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR

AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF

OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALERE HEALTH IMPROVEMENT COMPANY" WAS INCORPORATED ON THE THIRTIETH DAY OF SEPTEMBER, A.D. 1996.

SECRETARY OF STATE TAULAHASSEE FLORING

2668433 8300

121144227

Jeffrey W Bullock, Secretary of State

AUTHENTICATION: 9927454

DATE: 10-18-12