

## Florida Department of State

Division of Corporations Public Access System

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### REGISTERED AGENT CHANGE

#### DISETRONIC MEDICAL SYSTEMS INC.

ECEIVED.	C 18 AM 8: 00	TARY OF STATE ASSEE, FLORIDA
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# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for t	a corporation organized under	18, or 617.1508, Florida Statutes, - the laws of the State of <u>Mitmeso</u> , or both, in the State of Florida.			
		ronic Medical Systems Inc.	· · · · · · · · · · · · · · · · · · ·			_
2. The principal		11800 Exit Five Parkway, Bldg	ะ. บ บ			_
	<del>-</del>	Fishers, IN 46038				
3. The mailing a	ddress (if different):					
4. Date of incor	poration/qualification	. 12/13/1999 Doc	ument number: F99000006430			<b>-</b> -
		current registered agent and re igned, enter resigned)	egistered office on file with the	IA Se	) R	
	NRAI Services, Inc.			377		
	526 E. Park Avenue			SS	 	F
	Tallahassee, FL 3230	ī		ب <del>ت رتب</del>		m
6. The name and (if changed):	street address of the	new registered agent (if chang	ged) and for registered office	FLORID	PM 12: 09	D
		C T Corporation System		<b>3</b> 35		
	c/o C T C	orporation System, 1200 South 1	Pine Island Road			
		P.O. Box NOT acceptable)				
		Plantation, Florida 33324				
_			f the business office of its registe			
Such change we authorized by the	is authorized by resone board, or the corpo	lution duly adopted by its bo cration has been notified in w	and of directors or by an officer miting of the change.	<b>\$</b> 0		
Mull	re of an efficer of director)		Melissa Fox, Vice President (Printed of types paints and nue)	<del></del>		
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as r o comply with the pr d I am familiar with ng filed merely to re been notified in wri	ang of mis change.	act in this capacity, ve to the proper and complete pe my position as registered agent, ed office address, I hereby confir	erformance Or, if this on that the		
By: — // _	C T Composition Syste	HORENCE MERCERON	12/11/08			
(Signing on be	nature of Registered Agent) half of an entity:	Assistant Secretary	(Uate)			
	yped or Printed Name)	<del></del>				
(,	••	* * * FILING FEE: \$35.00	j 4: 4: 4:			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

7L004 - 10/06/2005 C T System Online

CR2E045 (8/05)

## POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Stave A. Oldham of Roche Diagnostics Corporation ("the Corporation"), a corporation formed under the laws of Indiana and of the subsidiary entities shown on the list appended hereto does hereby appoint Melissa Fox and Florence Merceron as attorney-in-fact for the Corporation and for the subsidiary entities to act for the Corporation and for the subsidiary entities and in the name of the Corporation and of the subsidiary entities for the limited purposes authorized herein.

The Corporation and the subsidiary entities, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's and the subsidiary registered agent and registered office, or the agent and office of similar import, in any state.

In the execution of any documents necessary for the purposes set forth herein, Melissa Fox shall exercise the power of Vice President and Florence Merceron shall exercise the power of Secretary.

This Power of Altomey expires when revoked by an Officer of the Corporation.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 13th day of November, 2008.

By Stre	aoll-	
Name:	Steve A. Oldham	
Title:	Vice President, General Counsel & Secre	atary
STATE OF INDIANA	) } <b>s</b> s	
County of Marion	J	
Subscribed and sworn h	o before me this 13th day of November 2	800

**Roche Diagnostics Corporation** 

sheih R. Wolffa

Notary Public

Elizabeth R Wolfie
Motary Public Seat State of Indiana
Hancock County
My Commission Expires 03/12/2016