2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: DOMINION DIAGNOSTICS, LLC

Current Principal Place of Business:

211 CIRCUIT DRIVE
NORTH KINGSTON, RI 02852

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 984
NORTH KINGSTOWN, RI 02852

New Mailing Address:

FEI Number: 54-1882269 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SIWICKI, DAVID
Address: P.O. BOX 984
City-St-Zip: NORTH KINGSTOWN, RI 02852

Title: MGRM
Name: FORNARI, FRANK A
Address: P.O. BOX 984
City-St-Zip: NORTH KINGSTOWN, RI 02852

Title: MGRM
Name: BAUER, GWEN B
Address: P.O. BOX 984
City-St-Zip: NORTH KINGSTOWN, RI 02852

Title: MGRM
Name: ZAROOGIAN, STEVEN J
Address: 336 MAIN STREET
City-St-Zip: WAKEFIELD, RI 02879

Title: MGRM
Name: JORDAN, STEPHEN
Address: P.O. BOX 984
City-St-Zip: NORTH KINGSTOWN, RI 02852

Title: MGRM
Name: MARKARIAN, THOMAS W
Address: 336 MAIN STREET
City-St-Zip: WAKEFIELD, RI 02879

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: STEVEN J. ZAROOGIAN MGRM 04/02/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date