Division of Corporations

M13000004693

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALERE NORTH AMERICA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	$25.00

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Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alere North America, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

_____
Name of Person

_____
Firm/Company

_____
Address

_____
City/State and Zip Code

regina.estes@abbott.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Alere North America, LLC

Enter new principal office address, if applicable: 100 Abbott Park Road, Abbott Park, IL 60064

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 100 Abbott Park Road, Abbott Park, IL 60064

(Mailing address MAY BE A POST OFFICE BOX)

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2. The Florida document number of this limited liability company is: M13000004693

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/26/2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, **Florida** _____
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

_____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

See attachment to remove and add as shown

Title/ Capacity	Name	Address	Type of Action
_____	See attachment	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

_____
Signature of the authorized representative

By: Terrie Bates, Authorized Person

_____
Typed or printed name of signee

Filing Fee: $25.00

Attachment

Alere North America, LLC

Re: APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Remove the following:

Title SECRETARY

CHINIARA, ELLEN
51 SAWYER ROAD
SUITE 200
WALTHAM, MA 02453

Title DIRECTOR

CRAMP, DANIELLA
6465 NATIONAL DRIVE
LIVERMORE, CA 94550

Title TREASURER, VICE PRESIDENT

TOM, DAVID
6465 NATIONAL DRIVE
LIVERMORE, CA 94550

Title PRESIDENT, DIRECTOR

ARAUJO, CLAUDIO
6465 NATIONAL DRIVE
LIVERMORE, CA 94550

Title DIRECTOR

BARRY, DOUGLAS JOHN
51 SAWYER ROAD
SUITE 200
WALTHAM, MA 02453

Add the following:

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Brian B. Yoor, Manager

100 Abbott Park Road, Abbott Park, IL 60064

Alere U.S. Holdings. LLC, Member

100 Abbott Park Road, Abbott Park, IL 60064