

PO8000076956

(Requestor's Name)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE
15 MAY 14 AM 10:49
HOLLYWOOD
TO AGENCY OF FILING
SUFFICIENCY OF FILING

FILED
2015 MAY 14 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 15 2014
C. CARROTHERS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 628876 7424465

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : May 14, 2015

ORDER TIME : 10:24 AM

ORDER NO. : 628876-010

CUSTOMER NO: 7424465

DOMESTIC AMENDMENT FILING

NAME: ALERE TOXICOLOGY INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Alere Toxicology Inc.

DOCUMENT NUMBER: P08000076956

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janice Amato

Name of Contact Person

Alere Inc.

Firm/ Company

51 Sawyer Road, Ste 200

Address

Waltham, MA 02453

City/ State and Zip Code

janice.amato@alere.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janice Amato

at (781)

314-2142

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:



\$35 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Alere Toxicology Inc.

P08000076956

Page 1 of 4

2015 MAY 14 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>CFO</u>	<u>Robert A. Gardebled Jr.</u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u>T</u>	<u>Robert A. Gardebled Jr.</u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input checked="" type="checkbox"/> Remove			<u></u>
3) <input type="checkbox"/> Change	<u>CFO</u>	<u>Barry Chapman</u>	<u>3650 Westwind Boulevard</u>
<input checked="" type="checkbox"/> Add			<u>Santa Rosa, CA 95403</u>
<input type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u>T</u>	<u>Barry Chapman</u>	<u>3650 Westwind Boulevard</u>
<input checked="" type="checkbox"/> Add			<u>Santa Rosa, CA 95403</u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

(Attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

May 13, 2015
Dated _____

Signature _____
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jay McNamara

(Typed or printed name of person signing)

Assistant Secretary and Director- Appointment Committee

(Title of person signing)

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Alere Toxicology Inc

DOCUMENT NUMBER: P08000076956

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