

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000076956

Entity Name: ALERE TOXICOLOGY, INC.**Current Principal Place of Business:**100 ABBOTT PARK ROAD
D367 AP6D (SALES TAX)
ABBOTT PARK, IL 60064**Current Mailing Address:**100 ABBOTT PARK ROAD
D367 AP6D (SALES TAX)
ABBOTT PARK, IL 60064 US**FEI Number:** 26-3247189**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US*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:** CT CORPORATION SYSTEM

03/23/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ASST. SECRETARY
Name KAESEBIER, TARA R.
Address 100 ABBOTT PARK ROAD
D367 AP6D (SALES TAX)
City-State-Zip: ABBOTT PARK IL 60064

Title VP AND TREASURER
Name DAVIES, ALISON E.
Address 100 ABBOTT PARK ROAD
D367 AP6D (SALES TAX)
City-State-Zip: ABBOTT PARK IL 60064

Title PRESIDENT
Name KUNKLER, ROBERT R.
Address 100 ABBOTT PARK ROAD
D367 AP6D (SALES TAX)
City-State-Zip: ABBOTT PARK IL 60064

Title VP AND ASST. TREASURER
Name KRAMMER, KAREN
Address 100 ABBOTT PARK ROAD
D367 AP6D (SALES TAX)
City-State-Zip: ABBOTT PARK IL 60064

Title ASST. TREASURER
Name MALISHKEVICH, FELIX
Address 100 ABBOTT PARK ROAD
D367 AP6D (SALES TAX)
City-State-Zip: ABBOTT PARK IL 60064

Title SECRETARY
Name PAIK, JESSICA H.
Address 100 ABBOTT PARK ROAD
D367 AP6D (SALES TAX)
City-State-Zip: ABBOTT PARK IL 60064

Title ASST. SECRETARY
Name TISACK, GAEL DIANE
Address 100 ABBOTT PARK ROAD
D367 AP6D (SALES TAX)
City-State-Zip: ABBOTT PARK IL 60064

Title DIRECTOR
Name DAVIES, ALISON E.
Address 100 ABBOTT PARK ROAD
D367 AP6D (SALES TAX)
City-State-Zip: ABBOTT PARK IL 60064

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TARA R. KAESEBIER

ASST. SECRETARY

03/23/2025

Electronic Signature of Signing Officer/Director Detail

Date