

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000076956

Entity Name: ALERE TOXICOLOGY, INC.**Current Principal Place of Business:**100 ABBOTT PARK ROAD
ABBOTT PARK, IL 60064**Current Mailing Address:**9975 SUMMERS RIDGE ROAD
SAN DIEGO, CA 92121 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR
Name PETERSON, KAREN
Address 100 ABBOTT PARK ROAD
City-State-Zip: ABBOTT PARK IL 60064

Title PRESIDENT
Name SCOGGINS, CHRISTOPHER
Address 100 ABBOTT PARK ROAD
City-State-Zip: ABBOTT PARK IL 60064

Title VP
Name MCCOY, JOHN
Address 100 ABBOTT PARK ROAD
City-State-Zip: ABBOTT PARK IL 60064

Title ASSISTANT TREASURER
Name OOSTERBAAN, BENJAMIN
Address 100 ABBOTT PARK ROAD
City-State-Zip: ABBOTT PARK IL 60064

Title ASSISTANT SECRETARY
Name PAIK, JESSICA
Address 100 ABBOTT PARK ROAD
City-State-Zip: ABBOTT PARK IL 60064

Title ASSISTANT SECRETARY
Name KAESEBIER, TARA
Address 100 ABBOTT PARK ROAD
City-State-Zip: ABBOTT PARK IL 60064

Title ASSISTANT SECRETARY
Name YASGER, PAUL
Address 100 ABBOTT PARK ROAD
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 KAESEBIER**ASSISTANT SECRETARY 05/10/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date