

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000076956

**Entity Name:** ALERE TOXICOLOGY, INC.**Current Principal Place of Business:**14440 MYERLAKE CIRCLE  
CLEARWATER, FL 33760**Current Mailing Address:**14440 MYERLAKE CIRCLE  
CLEARWATER, FL 33760 US**FEI Number:** 26-3247189**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 PRESIDENT, DIRECTOR  
Name PETERSON, JOHN  
Address 14440 MYERLAKE CIRCLE  
City-State-Zip: CLEARWATER FL 33760

Title ASST. SECRETARY, DIRECTOR  
Name BARRY, DOUGLAS  
Address 51 SAWYER RD  
STE 200  
City-State-Zip: WALTHAM MA 02453

Title AT, D  
Name LEISENRING, STEVE  
Address 9775 SUMMERS RIDGE RD  
City-State-Zip: SAN DIEGO CA 92121

Title D  
Name TEITEL, DAVE  
Address 51 SAWYER AVE - STE. 200  
City-State-Zip: WALTHAM MA 02453

Title VP, DIRECTOR  
Name MALKANI, SANJAY  
Address 2 RESEARCH WAY  
City-State-Zip: PRINCETON NJ 08540

Title AS  
Name FISTER, JULIUS C III  
Address 51 SAWYER ROAD, SUITE 200  
City-State-Zip: WALTHAM MA 02453

Title S  
Name KOLAJA, DARLENE  
Address 14440 MYERLAKE CIRCLE  
City-State-Zip: CLEARWATER FL 33760

Title CFO, T  
Name CHAPMAN, BARRY  
Address 3650 WESTWIND BLVD  
City-State-Zip: SANTA ROSA FL 95403

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*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:** DOUGLAS BARRY**ASSISTANT SECRETARY 08/28/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	VP, TAX
Name	GEORGE, KRISTOPHER
Address	51 SAWYER ROAD SUITE 200
City-State-Zip:	WALTHAM MA 02453