

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000001958

Entity Name: DOMINION DIAGNOSTICS, LLC

Current Principal Place of Business:

211 CIRCUIT DRIVE
NORTH KINGSTON, RI 02852

Current Mailing Address:

211 CIRCUIT DRIVE
NORTH KINGSTOWN, RI 02852 US

FEI Number: 54-1882269

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Authorized Person(s) Detail :

Title MANAGER
Name BROOKFIELD, ARTHUR
Address 211 CIRCUIT DRIVE
City-State-Zip: NORTH KINGSTON RI 02852

Title MANAGER
Name JOHNSON-TUFTS, CHARLENE
Address 211 CIRCUIT DRIVE
City-State-Zip: NORTH KINGSTON RI 02852

Title MANAGER
Name GOLDBERG, JEREMY
Address 211 CIRCUIT DRIVE
City-State-Zip: NORTH KINGSTON RI 02852

Title MANAGER
Name KLAPSTEIN, JULIE
Address 211 CIRCUIT DRIVE
City-State-Zip: NORTH KINGSTON RI 02852

Title MANAGER, AUTHORIZED REPRESENTATIVE
Name MCSALLY, MARK
Address 211 CIRCUIT DRIVE
City-State-Zip: NORTH KINGSTON RI 02852

Title MANAGER
Name OSOFSKY, MAX
Address 211 CIRCUIT DRIVE
City-State-Zip: NORTH KINGSTON RI 02852

Title MANAGER
Name BORDEN, PHILIP
Address 211 CIRCUIT DRIVE
City-State-Zip: NORTH KINGSTON RI 02852

Title MANAGER
Name GARVEY, ROBERT
Address 211 CIRCUIT DRIVE
City-State-Zip: NORTH KINGSTON RI 02852

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK MCSALLY

MANAGER

04/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED REPRESENTATIVE
Name VANCE, SARA
Address 211 CIRCUIT DRIVE
City-State-Zip: NORTH KINGSTON RI 02852