

**2024 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 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 MEMBER  
Name MARESCA, DAN  
Address 211 CIRCUIT DRIVE  
City-State-Zip: NORTH KINGSTON RI 02852

Title AUTHORIZED REPRESENTATIVE,  
COO  
Name MCSALLY, MARK  
Address C/O DOMINION DIAGNOSTICS,  
211 CIRCUIT DRIVE  
City-State-Zip: NORTH KINGSTOWN RI 02852

Title MEMBER  
Name LEE, EDGAR  
Address 211 CIRCUIT DRIVE  
City-State-Zip: NORTH KINGSTON RI 02852

Title MEMBER  
Name SHANNON, MIKE  
Address C/O DOMINION DIAGNOSTICS  
211 CIRCUIT DRIVE,  
City-State-Zip: NORTH KINGSTOWN RI 02852

Title MEMBER, CEO, AUTHORIZED  
REPRESENTATIVE  
Name GARVEY, ROBERT  
Address C/O DOMINION DIAGNOSTIC  
211 CIRCUIT DRIVE  
City-State-Zip: NORTH KINGSTOWN RI 02852

*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:** DAN MARESCA

**MEMBER**

**02/14/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date