

2021 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 VICE PRESIDENT OF LABORATORY OPERATIONS, LABORATORY DIRECTOR
Name JOHNSON-TUFTS, CHARLENE
Address 211 CIRCUIT DRIVE
City-State-Zip: NORTH KINGSTON RI 02852

Title AUTHORIZED MEMBER
Name KLAPSTEIN, JULIE
Address 6652 N. AVENIDA DE POSADA
City-State-Zip: TUCSON AZ 85718-2075

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

Title AUTHORIZED MEMBER
Name SIWICKI, DAVID
Address 211 CIRCUIT DRIVE
City-State-Zip: NORTH KINGSTOWN RI 02852-7440

Title AUTHORIZED MEMBER
Name GOLDBERG, JEREMY
Address 317 W. LAURIER PLACE
City-State-Zip: BRYN MAWR PA 19010-2254

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

Title AUTHORIZED MEMBER
Name BELLUCK, DAVID
Address 2 COMMONWEALTH AVENUE #12
City-State-Zip: BOSTON MA 02116

Title AUTHORIZED MEMBER
Name DOMINION DIAGNOSTICS HOLDINGS, LLC
Address 211 CIRCUIT DRIVE
City-State-Zip: NORTH KINGSTOWN 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

04/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title DIRECTOR
Name FORNARI, FRANK
Address 1609 CHINABERRY WAY
City-State-Zip: NAPLES FL 34105

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

Title AUTHORIZED MEMBER
Name HAMMOND, MICHAEL
Address 622 N. FLAGLER DRIVE
APARTMENT 604
City-State-Zip: WEST PALM BEACH FL 33401-4018

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