

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000004693

Entity Name: ALERE NORTH AMERICA, LLC**Current Principal Place of Business:**30 SOUTH KELLER ROAD, SUITE 100
ORLANDO, FL 32818**Current Mailing Address:**30 SOUTH KELLER ROAD, SUITE 100
ORLANDO, FL 32818**FEI Number:** 26-1444559**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 DIRECTOR, SECRETARY
Name CHINIARA, ELLEN
Address 51 SAWYER ROAD, SUITE 200
City-State-Zip: WALTHAM MA 02453

Title VP
Name BONNELL, BRIAN
Address 9975 SUMMERS RIDGE ROAD
City-State-Zip: SAN DIEGO CA 92121

Title AS
Name BARRY, DOUGLAS
Address 51 SAWYER ROAD
SUITE 200
City-State-Zip: WALTHAM MA 02453

Title DIRECTOR, PRESIDENT
Name SCHEU, PETER
Address 51 SAWYER ROAD
SUITE 200
City-State-Zip: WALTHAM MA 02453

Title DIRECTOR, PRESIDENT
Name CRAMP, DANIELLA
Address 51 SAWYER ROAD
SUITE 200
City-State-Zip: WALTHAM MA 02453

Title ASST. SECRETARY
Name GOTHORPE, JONATHAN
Address 51 SAWYER ROAD
SUITE 200
City-State-Zip: WALTHAM MA 02453

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

Title ASST. TREASURER
Name FLAKNE, CARLA
Address 51 SAWYER ROAD
SUITE 200
City-State-Zip: WALTHAM MA 02453

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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: ELLEN CHINIARA**SECRETARY****04/23/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name MCENANY, CAROL
Address 51 SAWYER ROAD
SUITE 200
City-State-Zip: WALTHAM MA 02453

Title VP
Name DE JONGH, CHRIS
Address 51 SAWYER ROAD
SUITE 200
City-State-Zip: WALTHAM MA 02453

Title VP
Name GEORGE, KRISTOPHER
Address 6465 NATIONAL DRIVE
City-State-Zip: LIVERMORE CA 94550

Title VP
Name ZIEGLER, CHARLES
Address 51 SAWYER ROAD
SUITE 200
City-State-Zip: WALTHAM MA 02453

Title VP
Name SHAFFER, DOUG
Address 51 SAWYER ROAD
SUITE 200
City-State-Zip: WALTHAM MA 02453