2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2018
Secretary of State
CC1654069195

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Entity Name: EGL GENETIC DIAGNOSTICS LLC

Current Principal Place of Business:

2460 MOUNTAIN INDUSTRIAL BLVD
TUCKER, GA 30084

Current Mailing Address:

2460 MOUNTAIN INDUSTRIAL BLVD
TUCKER, GA 30084 US

FEI Number: 47-4383500

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET, SUITE 4
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	PRESIDENT
Name	KING, RUSSELL SIDNEY
Address	2460 MOUNTAIN INDUSTRIAL BLVD
City-State-Zip:	TUCKER GA 30084

Title	MANAGER
Name	URBANEK, MATTHEW G
Address	1001 NW TECHNOLOGY DRIVE
City-State-Zip:	LEE'S SUMMIT MO 64086

Title	SECRETARY
Name	POWELL, TRAVIS
Address	2425 NEW HOLLAND PIKE
City-State-Zip:	LANCASTER PA 17601

Title	CQO
Name	BEAN, LORA
Address	2460 MOUNTAIN INDUSTRIAL BLVD
City-State-Zip:	TUCKER GA 30084

Title	MANAGER
Name	WARREN, STEPHEN
Address	1440 CLIFTON ROAD SUITE 318A
City-State-Zip:	ATLANTA GA 30322

Title	TREASURER
Name	FASSBENDER, RALF
Address	2425 NEW HOLLAND PIKE
City-State-Zip:	LANCASTER PA 17601

Title	CMO
Name	GAMBELLO, MICHAEL
Address	2460 MOUNTAIN INDUSTRIAL BLVD
City-State-Zip:	TUCKER GA 30084

Title	MANAGER
Name	GORMAN, ROBERT
Address	2425 NEW HOLLAND PIKE
City-State-Zip:	LANCASTER PA 17601

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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: TRAVIS POWELL SECRETARY 04/20/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	MANAGER
Name	PODDEVIN, BRUNO
Address	CHAUSSEE DE MALINES 455 1950 KRAAINEM
City-State-Zip:	BRUSSELS BE-160

Title	MANAGER
Name	KISSAL, CAROL
Address	1599 CLIFTON ROAD, N.E., 3RD FLOOR
City-State-Zip:	ATLANTA GA 30322