

1.) CORPORATION NAME:

**ALERE HEALTH SYSTEMS, INC.**

DUE DATE: **10/29/2010**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1567397**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	2,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10 MOUNTAINVIEW RD

CITY/ST/ZIP: UPPER SADDLE RIVER, NJ 07458-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JAY MCNAMARA  
TITLE: ASST SEC  
ADDRESS: 51 SAWYER RD STE 200  
CITY/ST/ZIP/CO: WALTHAM, MA 02453-

OFFICER

DIRECTOR

NAME: CARLA FLAKNE  
TITLE: TREASURER  
ADDRESS: 51 SAWYER ROAD STE 200  
CITY/ST/ZIP/CO: WALTHAM, MA 02453-3448

OFFICER

DIRECTOR

NAME: ELLEN CHINIARA  
TITLE: SECRETARY  
ADDRESS: 51 SAWYER ROAD STE 200  
CITY/ST/ZIP/CO: WALTHAM, MA 02453-

OFFICER

DIRECTOR

NAME: JON TROPSA  
TITLE: CFO  
ADDRESS: 3200 WINDY HILL RD STE B-100  
CITY/ST/ZIP/CO: ATLANTA, GA 30339-

OFFICER

DIRECTOR

NAME: GREGG RAYBUCK  
TITLE: PRESIDENT  
ADDRESS: 3200 WINDY HILL RD STE B-100  
CITY/ST/ZIP/CO: ATLANTA, GA 30339-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ ELLEN CHINIARA</u>	<u>ELLEN CHINIARA, SECRETARY</u>	<u>1/4/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.