## Form **8937** (December 2011) Department of the Treasury Internal Revenue Service

## Report of Organizational Actions Affecting Basis of Securities

➤ See separate instructions.

OMB No. 1545-2224

Part I Reporting Issuer		
1 Issuer's name	2 Issuer's employer identification number (EIN)	
BIO-REFERENCE LABORATORIES, INC.	22-2405059	
3 Name of contact for additional information	4 Telephone No. of contact	5 Email address of contact
ADAMI OCAL	ALOGAL@OPKO.COM	
ADAM LOGAL  6 Number and street (or P.O. box if mail is no	7 City, town, or post office, state, and Zip code of contact	
<b>,</b>	,	
4400 BISCAYNE BLVD	MIAMI, FL 33137	
8 Date of action		
AUGUST 20, 2015  10 CUSIP number		RENCE LABORATORIES, INC SHARES  13 Account number(s)
10 CUSIP number 11 Serial number	S) 12 Ticker Symbol	10 Account number(s)
	BRLI	
Part II Organizational Action Atta	ch additional statements if needed. See I	back of form for additional questions.
14 Describe the organizational action and, if	applicable, the date of the action or the date a	against which shareholders' ownership is measured for
		OUTSTANDING SHARES OF BIO-REFERENCE
LABORATORIES, INC ("BIOREFERENCE") IN	A TRANSACTION INTENDED TO QUALIFY	FOR TAX-FREE TREATMENT UNDER SECTION 368
AND 1032.		
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	Automotive and the second seco	
		t di la la California di cara con adiustro ent por
		in the hands of a U.S. taxpayer as an adjustment per ERENCE RECOGNIZED SUBSTITUTED CARRYOVER
		IN. OPKO HEALTH, INC PAID \$947,863,546 IN OPKO
HEALTH INC SHARES (OR \$12.38 PER SHAR	F TO FACH BIOREFERENCE SHAREHOLD	ER - TOTAL OPKO HEALTH SHARES ISSUED TO THE
FORMER BIOREFERENCE SHAREHOLDERS		
16 Describe the calculation of the change in t	pasis and the data that supports the calculation	on, such as the market values of securities and the
		PKO HEALTH SHARES (OR \$12.38 PER SHARE) TO
		DERS WOULD DETERMINE GAIN BASED ON THE
PROVISIONS OF IRC SECTION 354.		
A CONTINUE OF THE CONTINUE OF		

Form 89	937 (Re	ev. 12-2011)			Page <b>2</b>
Part	Ш	Organizational Action (continu	ed)		
двичения в		<del></del>			
17 L	ist the	e applicable Internal Revenue Code sec	tion(s) and subsection(s) upon whi	ich the tax treatment is based	l <b>&gt;</b>
IRC SE	CTIO	N 354, 356, 368			
			44-74-84		
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10 (	an an	w regulting loss he recognized?			
	an an	y resulting loss be recognized? ▶			
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					A CONTRACTOR OF THE CONTRACTOR
<b>19</b> P	rovide	e any other information necessary to imp	plement the adjustment, such as t	he reportable tax year 🟲	
THE TR	RANS	ACTION CLOSED ON AUGUST 20, 20	15		
			110000000000000000000000000000000000000		
				Harris .	1
	Linds	er penalties of perjury, I declare that I have e	vamined this return, including accomp	anving schedules and statement	s and to the best of my knowledge, and
	belie	f, it is true, correct_and complete. Declaration	n of preparer (other than officer) is base	ed on all information of which pre	parer has any knowledge.
Sign				,	. 1 - 1
Here				(	119/10
Here	Signa	ature V		Date ►	1115
	E				
	Print	your name ► ADAM LOGAL	Dropovorio elegatura	Title ► CFO	DTIM
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Prepa	arer				self-employed
Use C		Firm's name ►			Firm's EIN ►
		Firm's address ►			Phone no.
Send Fo	rm 89	337 (including accompanying statement	s) to: Department of the Treasury,	Internal Revenue Service, O	gden, UT 84201-0054