

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000003876

Entity Name: FORTREA PATIENT ACCESS INC.**Current Principal Place of Business:**8 MOORE DR
DURHAM, NC 27709**Current Mailing Address:**8 MOORE DR
DURHAM, NC 27709 US**FEI Number:** 52-1956016**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

Officer/Director Detail :

Title PRESIDENT
Name MORAIS, MARK
Address 8 MOORE DR
City-State-Zip: DURHAM NC 27709

Title VP, TREASURER, DIRECTOR
Name DE RISI, AMEDEO
Address 8 MOORE DR
City-State-Zip: DURHAM NC 27709

Title DIRECTOR
Name MCCONNELL, JILL
Address 8 MOORE DRIVE
City-State-Zip: DURHAM NC 27703

Title DIRECTOR, SECRETARY
Name COOPER, DAVID
Address 8 MOORE DRIVE
City-State-Zip: DURHAM NC 27703

Title VP
Name SAGER, LYNNE
Address 8 MOORE DRIVE
City-State-Zip: DURHAM NC 27703

Title GENERAL COUNSEL
Name HANSON, STILLMAN
Address 8 MOORE DRIVE
City-State-Zip: DURHAM NC 27703

Title ASSISTANT SECRETARY
Name SMITH-KLOCEK, ERICA
Address 8 MOORE DRIVE
City-State-Zip: DURHAM NC 27703

Title CHIEF ACCOUNTING OFFICER
Name WARREN, AMANDA
Address 8 MOORE DRIVE
City-State-Zip: DURHAM NC 27703

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID COOPER**DIRECTOR, SECRETARY 03/07/2024**

Electronic Signature of Signing Officer/Director Detail

Date