

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J32538

**Entity Name:** LABCORP CLINICAL RESEARCH UNIT INC.

**Current Principal Place of Business:**

531 SOUTH SPRING STREET  
BURLINGTON, NC 27215

**Current Mailing Address:**

531 SOUTH SPRING STREET  
BURLINGTON, NC 27215 US

**FEI Number: 58-1695239**

**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           DIRECTOR, TREASURER, SENIOR  
                  VICE PRESIDENT  
Name           PRINGLE, ROBERT S.  
Address        206 CARNEGIE CENTER  
City-State-Zip: PRINCETON NJ 08540

Title           DIRECTOR, CHIEF MEDICAL OFFICER  
Name           COHEN, OREN  
Address        531 SOUTH SPRING STREET  
City-State-Zip: BURLINGTON NC 27215

Title           PRESIDENT, SECRETARY, DIRECTOR  
Name           VAN DER VAART, SANDRA D  
Address        531 SOUTH SPRING STREET  
City-State-Zip: BURLINGTON NC 27215

*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: SANDRA D. VAN DER VAART**

**PRESIDENT**

**04/27/2022**

Electronic Signature of Signing Officer/Director Detail

Date