## **2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J32538

Entity Name: LABCORP CLINICAL RESEARCH UNIT INC.

Entity Name. LABOORP CLINICAL RESEARCH UNIT

**Current Principal Place of Business:** 

3402 KINSMAN BLVD MADISON, WI 53704

**Current Mailing Address:** 

3402 KINSMAN BLVD MADISON, WI 53704 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

FILED Apr 18, 2023

**Secretary of State** 

6685546855CC

Officer/Director Detail:

Title DIRECTOR, TREASURER, SENIOR Title DIRECTOR, CHIEF MEDICAL OFFICER

VICE PRESIDENT Name COHEN, OREN

Name PRINGLE, ROBERT S.

Address 531 SOUTH SPRING STREET

Address 206 CARNEGIE CENTER

City-State-Zip: PRINCETON NJ 08540

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

**SECRETARY** 

04/18/2023

Electronic Signature of Signing Officer/Director Detail

Date