

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J32538

**FILED**  
**Mar 07, 2024**  
**Secretary of State**  
**6633042974CC**

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

**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

**Officer/Director Detail :**

Title           DIRECTOR, CHIEF MEDICAL OFFICER  
Name           COHEN, OREN  
Address        3402 KINSMAN BLVD  
City-State-Zip: MADISON WI 53704

Title           PRESIDENT, SECRETARY, DIRECTOR  
Name           COOPER, DAVID  
Address        3402 KINSMAN BLVD  
City-State-Zip: MADISON WI 53704

Title           TREASURER, DIRECTOR  
Name           DE RISI, AMEDEO  
Address        3402 KINSMAN BLVD  
City-State-Zip: MADISON WI 53704

*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

**PRESIDENT,  
SECRETARY, DIRECTOR**

**03/07/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date