

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000001823

**Entity Name:** FORTREA SPECIALTY PHARMACY LLC

**Current Principal Place of Business:**

100 TECHNOLOGY PARK, SUITE 158  
LAKE MARY, FL 32746

**Current Mailing Address:**

100 TECHNOLOGY PARK, SUITE 158  
LAKE MARY, FL 32746 US

**FEI Number:** 26-4291200

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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

**Authorized Person(s) Detail :**

Title MEMBER  
Name FORTREA PATIENT ACCESS INC.  
Address 100 TECHNOLOGY PARK, SUITE 158  
City-State-Zip: LAKE MARY FL 32746

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ERICA SMITH-KLOCEK

**ASSISTANT SECRETARY** 04/20/2024

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date