

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