

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 833683

**Entity Name:** LABORATORY CORPORATION OF AMERICA**Current Principal Place of Business:**358 SOUTH MAIN STREET  
BURLINGTON, NC 27215**Current Mailing Address:**405 MAPLE AVE, UNIT # 411  
BURLINGTON, NC 27215 US**FEI Number:** 84-0611484**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        TREASURER, SENIOR VICE  
              PRESIDENT, DIRECTOR

Name        KREMER, THOMAS J.

Address     358 SOUTH MAIN STREET

City-State-Zip: BURLINGTON NC 27215

Title        PRESIDENT, CEO, DIRECTOR

Name        SCHECHTER, ADAM H.

Address     358 SOUTH MAIN STREET

City-State-Zip: BURLINGTON NC 27215

Title        CFO, EXECUTIVE VICE PRESIDENT,  
              DIRECTOR

Name        EISENBERG, GLENN A

Address     531 SOUTH SPRING STREET

City-State-Zip: BURLINGTON NC 27215

Title        SECRETARY, EXECUTIVE VICE  
              PRESIDENT, DIRECTOR

Name        VAN DER VAART, SANDRA D

Address     358 SOUTH MAIN 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****01/09/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date