# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 18, 2010**
**Secretary of State**

DOCUMENT# P99000055611

**Entity Name:** PAB CLINICAL RESEARCH, INC.

**Current Principal Place of Business:**

910 OAKFIELD DR., STE. 201
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

910 OAKFIELD DR., STE. 201
BRANDON, FL 33511

**New Mailing Address:**

**FEI Number: 59-3583429** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LORCH, DANIEL G M.D.
910 OAKFIELD DR., STE. 102
BRANDON, FL 33511 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D
Name: LORCH, DANIEL G M.D.
Address: 910 OAKFIELD DR., STE. 102
City-St-Zip: BRANDON, FL 33511

Title: D
Name: POWELL, RICHARD S M.D.
Address: 910 OAKFIELD DR., STE. 102
City-St-Zip: BRANDON, FL 33511

Title: D
Name: HOOKER, THOMAS P M.D.
Address: 910 OAKFIELD DR., STE. 102
City-St-Zip: BRANDON, FL 33511

Title: D
Name: GRAVES, ARTHUR M.D.
Address: 910 OAKFIELD DR., STE. 102
City-St-Zip: BRANDON, FL 33511

Title: D
Name: SHAH, SUKETU M.D.
Address: 910 OAKFIELD DR., STE. 102
City-St-Zip: BRANDON, FL 33511

Title: MS.
Name: LANEVE, THERESA A
Address: 910 OAKFIELD DR., STE. 201
City-St-Zip: BRANDON, FL 33511

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: THERESA LANEVE MS. 02/18/2010

Electronic Signature of Signing Officer or Director Date