2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000055611

Entity Name: PAB CLINICAL RESEARCH, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-3583429

Name and Address of Current Registered Agent:

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

FILED Jan 13, 2014 Secretary of State CC1769614684

Date

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	D	Title	D
Name	LORCH, DANIEL GM.D.	Name	POWELL, RICHARD SM.D.
Address	910 OAKFIELD DR., STE. 102	Address	910 OAKFIELD DR., STE. 102
City-State-Zip:	BRANDON FL 33511	City-State-Zip:	BRANDON FL 33511
Title	D	Title	D
Name	HOOKER, THOMAS PM.D.	Name	GRAVES, ARTHUR M.D.
Address	910 OAKFIELD DR., STE. 102	Address	910 OAKFIELD DR., STE. 102
City-State-Zip:	BRANDON FL 33511	City-State-Zip:	BRANDON FL 33511
Title	D	Title	MS.
Name	SHAH, SUKETU M.D.	Name	LANEVE, THERESA A
Address	910 OAKFIELD DR., STE. 102	Address	910 OAKFIELD DR., STE. 201
City-State-Zip:	BRANDON FL 33511	City-State-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 A. LANEVE, RN, BSN, CCRC

DIRECTOR OF CLINICAL 01/13/2014 TRIALS

Electronic Signature of Signing Officer/Director Detail