

**2016 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

**Certificate of Status Desired:** No

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

LORCH, DANIEL GM.D.  
910 OAKFIELD DR., STE. 102  
BRANDON, FL 33511 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 D  
Name LORCH, DANIEL GM.D.  
Address 910 OAKFIELD DR., STE. 102  
City-State-Zip: BRANDON FL 33511

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

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

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

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

Title MS.  
Name LANEVE, THERESA A  
Address 910 OAKFIELD DR., STE. 201  
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  
TRIALS**

**01/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date