

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

00 DEC -6 AM 9:23

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



REINSTATEMENT 01

DOCUMENT # P99000055611

1. Corporation Name

PAB CLINICAL RESEARCH, INC.

Principal Place of Business

Mailing Address

910 OAKFIELD DR., STE. 102  
 BRANDON FL 33511

910 OAKFIELD DR., STE. 102  
 BRANDON FL 33511

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~910 Oakfield Dr., Suite 201~~  
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~910 Oakfield Dr., Suite 201~~  
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

06/18/1999

5. FEI Number

~~59-3583429~~

Applied For

Not Applicable

City & State

~~Brandon, FL~~

City & State

Brandon, FL

Zip Country

33511

Zip

33511

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LORCH, DANIEL G M.D.	910 OAKFIELD DR., STE. 102	BRANDON FL 33511
D	POWELL, RICHARD S M.D.	910 OAKFIELD DR., STE. 102	BRANDON FL 33511
D	HOOKER, THOMAS P M.D.	910 OAKFIELD DR., STE. 102	BRANDON FL 33511
D	ACKERMAN, IVAN M.D.	910 OAKFIELD DR., STE. 102	BRANDON FL 33511
D	GRAVES, ARTHUR M.D.	910 OAKFIELD DR., STE. 102	BRANDON FL 33511

01-24-00 90098 007 16150.00

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc. 000003509280--8  
 City State Zip Code  
 -12/20/00--01080--008  
 \*\*\*\*\*000.00 State Zip Code  
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Daniel Lorch*  
 REGISTERED AGENT MUST SIGN

Date

11/9/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Daniel Lorch*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/00

Daytime Phone #

KE