

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90042 028 \*\*\*150.00

**DOCUMENT # P99000055611**

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

**Principal Place of Business**      **Mailing Address**  
**910 OAKFIELD DR., STE. 201**      **910 OAKFIELD DR., STE. 201**  
**BRANDON FL 33511**      **BRANDON FL 33511**

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**6. Name and Address of Current Registered Agent**  
**LORCH, DANIEL G M.D.**  
**910 OAKFIELD DR., STE. 102**  
**BRANDON FL 33511**

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code



DO NOT WRITE IN THIS SPACE

**4. FEI Number**      **59-3583429**      Applied For  
Not Applicable

**5. Certificate of Status Desired**            **\$8.75 Additional Fee Required**

**8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**            **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**            **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>LORCH, DANIEL G M.D.</b><br><b>910 OAKFIELD DR., STE. 102</b><br><b>BRANDON FL 33511</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>POWELL, RICHARD S M.D.</b><br><b>910 OAKFIELD DR., STE. 102</b><br><b>BRANDON FL 33511</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>HOOKE, THOMAS P M.D.</b><br><b>910 OAKFIELD DR., STE. 102</b><br><b>BRANDON FL 33511</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ACKERMAN, IVAN M.D.</b><br><b>910 OAKFIELD DR., STE. 102</b><br><b>BRANDON FL 33511</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GRAVES, ARTHUR M.D.</b><br><b>910 OAKFIELD DR., STE. 102</b><br><b>BRANDON FL 33511</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other lines empowered.**

**SIGNATURE:** \_\_\_\_\_      **Date** \_\_\_\_\_      **Daytime Phone #** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)