

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90055 014 ***550.00

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

4. FEI Number Applied For

59-3583429 Not Applicable

Zip Country Zip Country

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

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 _____

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE	D <input type="checkbox"/> Delete
NAME	LORCH, DANIEL G M.D.
STREET ADDRESS	910 OAKFIELD DR., STE. 102
CITY-ST-ZIP	BRANDON FL 33511
TITLE	D <input type="checkbox"/> Delete
NAME	POWELL, RICHARD S M.D.
STREET ADDRESS	910 OAKFIELD DR., STE. 102
CITY-ST-ZIP	BRANDON FL 33511
TITLE	D <input type="checkbox"/> Delete
NAME	HOOVER, THOMAS P M.D.
STREET ADDRESS	910 OAKFIELD DR., STE. 102
CITY-ST-ZIP	BRANDON FL 33511
TITLE	D <input type="checkbox"/> Delete
NAME	GRAVES, ARTHUR M.D.
STREET ADDRESS	910 OAKFIELD DR., STE. 102
CITY-ST-ZIP	BRANDON FL 33511
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 like empowered.

SIGNATURE: *[Signature]* **7/15/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment P99000055611

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PULMONARY ASSOCIATES OF BRANDON

The Florida Sleep Disorder Center at Brandon

RICHARD S. POWELL, M.D.
DANIEL G. LORCH, JR., M.D.
THOMAS P. HOOKER, D.O.
ARTHUR E. GRAVES, M.D.
SAJEEV P. VETTICHIRA, M.D.



PULMONARY DISEASES
SLEEP DISORDERS
CRITICAL CARE
INTERNAL MEDICINE

Diplomate: American Board of Pulmonary Disease; Critical Care; Internal Medicine

July 9, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee FL 32302-1500

Re: Document #P99000055611
PAB CLINICAL RESEARCH, INC.

Department of State:

Please accept the attached payment as the UBR filing fee for PAB Clinical Research.

I am the newly employed bookkeeper for PAB and I ran across this UBR form. In calling the telephone number listed, I found out that this had not been filed for 2002. The person I talked to was Jo and she said to mail it in right away. Thank you.

Sincerely,

Sharon J Helstrom/Bookkeeper