


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90035 011 ***150.00

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1. Entity Name
PAB CLINICAL RESEARCH, INC.



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

Mailing Address
**910 OAKFIELD DR., STE. 201
 BRANDON, FL 33511**

DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3583429

Applied For
 Not Applicable

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**

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORCH, DANIEL G M.D. 910 OAKFIELD DR., STE. 102 BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, RICHARD S M.D. 910 OAKFIELD DR., STE. 102 BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOKER, THOMAS P M.D. 910 OAKFIELD DR., STE. 102 BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVES, ARTHUR M.D. 910 OAKFIELD DR., STE. 102 BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel Lorch* **2/9/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #