


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**


02-10-2005 90057 011 \*\*\*150.00

DOCUMENT # P99000055611 1. Entity Name PAB CLINICAL RESEARCH, INC.	
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Principal Place of Business 910 OAKFIELD DR., STE. 201 BRANDON, FL 33511	Mailing Address 910 OAKFIELD DR., STE. 201 BRANDON, FL 33511
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**DO NOT WRITE IN THIS SPACE**

**50013390**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3583429	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

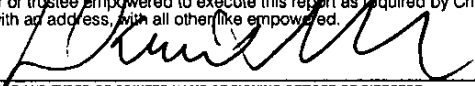
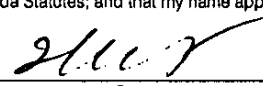
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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:  

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_