


DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION REGISTRATION OF DRUG ESTABLISHMENT/ LABELER CODE ASSIGNMENT (In accordance with Public Law 92-387)		FDA USE ONLY 114418		FDA USE ONLY 70	
NOTICE: This report is required by law (21 C.F.R. 207.20). Failure to report can result in imprisonment for not more than one year or a fine of not more than \$1,000, or both. (FD&C Act, Section 303).			LABELER CODE 001500	REGISTRATION NUMBER 2623531	
SECTION A - SITE INFORMATION					
REPORTING FIRM NAME PACE ANALYTICAL, INC.				STATE OF INC. PUERTO RICO	
SITE ADDRESS (No P.O. Box) EL RETIRO INDUSTRIAL PARK CORNER STREET B & C				SITE TELEPHONE NUMBER (787) 892-2680	
CITY SAN GERMAN		STATE PR	ZIP CODE 00683	COUNTRY USA	BUSINESS CATEGORY <input checked="" type="checkbox"/> HUMAN <input type="checkbox"/> VETERINARY
SITE MAILING ADDRESS (If different from site address) P.O. BOX 325					
CITY SAN GERMAN		STATE PR	ZIP CODE 00683	COUNTRY USA	SITE INTERNET/EMAIL ADDRESS WWW.PACELABS.COM
DOING BUSINESS AS (DBA) NAME OF FIRM (if applicable)					
PARENT COMPANY NAME					
REASON(S) FOR SUBMISSION <input type="checkbox"/> Firm Registration <input type="checkbox"/> Registration of Additional Site <input checked="" type="checkbox"/> Re-Registration <input type="checkbox"/> LC Assignment <input type="checkbox"/> Name Change		TYPE OF OWNERSHIP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Coop. Assn. <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other _____		PERSON SUBMITTING DATA AND TELEPHONE ZULMA NAZARIO 787-892-2680	
<input type="checkbox"/> Address Change <input type="checkbox"/> Merger/Buyout <input type="checkbox"/> Reentry into Business with Same Name <input type="checkbox"/> Out of Business				BUSINESS TYPE <input type="checkbox"/> Manufacturer <input type="checkbox"/> Repacker <input type="checkbox"/> Relabeler <input type="checkbox"/> Distributor* <input type="checkbox"/> Foreign Country <input checked="" type="checkbox"/> Analytical Lab <input type="checkbox"/> Other _____	
SECTION B - FIRM COMPLIANCE MAILING ADDRESS for Annual Listing Report and/or Firm Correspondence					
NUMBER AND STREET AND/OR P.O. BOX and ATTENTION LINE and/or Internal Mail Code P.O. BOX 325 ATTN: ZULMA NAZARIO				TELEPHONE NUMBER (787) 892-2680	
CITY SAN GERMAN		STATE PR	ZIP CODE 00683	COUNTRY USA	COMPLIANCE INTERNET/EMAIL ADDRESS Zulma.Nazario@pacelabs.com
SECTION C - ADDITIONAL FIRM AND SITE INFORMATION					
NAME OF OWNER, PARTNERS OR OFFICERS		TITLE		POSITION	
ROD BURWELL		MR		OWNER/CHAIRMAN	
STEVE VANDERBOON		MR		CEO/PRESIDENT	
ROBERT RAMNARINE		MR		GENERAL MANAGER	
NOV 13 2008					
OTHER FIRMS DOING BUSINESS AT THIS SITE					
LABELER CODE	FIRM NAME	LABELER CODE	FIRM NAME		
SECTION D - SIGNATURE					
SIGNATURE OF AUTHORIZING OFFICIAL 			TITLE General Manager		DATE 29 Oct 2008
*DISTRIBUTOR'S CERTIFICATION: As a, Distributor, I am submitting product listing information to the FDA on my own behalf. I have provided a copy of this certification (Form FDA 2656) to the registered manufacturer(s). My signature and phone number are listed below.					
RETURN THIS FORM TO: FOOD AND DRUG ADMINISTRATION CDER/DRUG REGISTRATION AND LISTING (HFD-337) 5600 FISHERS LANE ROCKVILLE, MD 20857 INTERNET: DRLS@FDA.HHS.GOV			SIGNATURE OF DISTRIBUTOR DISTRIBUTOR'S TELEPHONE NUMBER ()		