


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90047 025 ***158.75

DOCUMENT # P38527							
1. Entity Name PEER CONSULTANTS, P.C.							
Principal Place of Business 12300 TWINBROOK PARKWAY, SUITE 410 ROCKVILLE, MD 20852			Mailing Address 12300 TWINBROOK PARKWAY, SUITE 410 ROCKVILLE, MD 20852				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 52-1135381			
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ABRON, LILIA A 1460 GULF BLVD. SUITE 1113 CLEARWATER, FL 33767			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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ABRON, LILIA A		NAME				
STREET ADDRESS	1460 GULF BLVD. # 1103		STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER, FL 33767		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NELSON, DEAN		NAME				
STREET ADDRESS	448 MARINER POINT DRIVE		STREET ADDRESS				
CITY-ST-ZIP	CLINTON, TN 37716		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TUCKER, JOHN		NAME				
STREET ADDRESS	12113 STONEY BOTTOM ROAD		STREET ADDRESS				
CITY-ST-ZIP	GERMANTOWN, MD 20874		CITY-ST-ZIP				
TITLE	EO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCADDEN, CAROLYN		NAME				
STREET ADDRESS	424 FERNWOOD FARMS ROAD		STREET ADDRESS				
CITY-ST-ZIP	CHESAPEAKE, VA 23320		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: <i>John W. Tucker, Jr.</i>				Date: 2/17/04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 301-816-0700			

J400J020



01132004 Chg-P CR2E034 (10/03)

4. FEI Number 52-1135381 Applied For Not Applicable

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

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

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		
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NAME	ABRON, LILIA A	
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CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NELSON, DEAN	
STREET ADDRESS	448 MARINER POINT DRIVE	
CITY-ST-ZIP	CLINTON, TN 37716	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TUCKER, JOHN	
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TITLE	EO	<input type="checkbox"/> Delete
NAME	MCCADDEN, CAROLYN	
STREET ADDRESS	424 FERNWOOD FARMS ROAD	
CITY-ST-ZIP	CHESAPEAKE, VA 23320	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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SIGNATURE: *John W. Tucker, Jr.* Date: 2/17/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 301-816-0700