


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90057 033 ***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		
Zip		Country	Zip		Country
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input 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	V	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NELSON, DEAN		NAME	Davies-Venn, Christian	
STREET ADDRESS	448 MARINER POINT DRIVE		STREET ADDRESS	18820 Falling Star Road	
CITY-ST-ZIP	CLINTON, TN 37716		CITY-ST-ZIP	Germantown, MD 20874	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input 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		
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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 attached sheet with an address, with all other like empowered.					
SIGNATURE: <i>John W. Tucker Jr.</i>			1/7/05 301-816-0700		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

50005118



01072005 Chg-P CR2E034 (10/03)

4. FEI Number 52-1135381 Applied For Not Applicable

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

FL Zip Code

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

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