

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38527

FILED
Jan 21, 2009
Secretary of State

Entity Name: PEER CONSULTANTS, P.C.

Current Principal Place of Business:

12300 TWINBROOK PARKWAY, SUITE 410
ROCKVILLE, MD 20852

New Principal Place of Business:

Current Mailing Address:

12300 TWINBROOK PARKWAY, SUITE 410
ROCKVILLE, MD 20852

New Mailing Address:

FEI Number: 52-1135381 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ABRON, LILIA A
1460 GULF BLVD.
SUITE 1113
CLEARWATER, FL 33767 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ABRON, LILIA A
Address: 1460 GULF BLVD. # 1103
City-St-Zip: CLEARWATER, FL 33767

Title: V () Delete
Name: TUCKER, JOHN
Address: 12113 STONEY BOTTOM ROAD
City-St-Zip: GERMANTOWN, MD 20874

Title: EO () Delete
Name: MCCADDEN, CAROLYN
Address: 424 FERNWOOD FARMS ROAD
City-St-Zip: CHESAPEAKE, VA 23320

Title: V () Delete
Name: DAVIES-VENN, CHRISTIAN
Address: 18820 FALLING STAR ROAD
City-St-Zip: GERMANTOWN, MD 20874

Title: V (X) Delete
Name: NOEL, IVAN C
Address: 14610 BULL RUN RD #136
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: TUCKER JR., JOHN W.
Address: 12113 STONEY BOTTOM ROAD
City-St-Zip: GERMANTOWN, MD 20874

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILIA A. ABRON

P

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date