

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38527

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** PEER CONSULTANTS, P.C.

**Current Principal Place of Business:**

12300 TWINBROOK PARKWAY  
STE 410  
ROCKVILLE, MD 20852

**New Principal Place of Business:**

888 17TH STREET, NW  
STE 850  
WASHINGTON, DC 20006

**Current Mailing Address:**

12300 TWINBROOK PARKWAY  
STE 410  
ROCKVILLE, MD 20852

**New Mailing Address:**

888 17TH STREET, NW  
STE 850  
WASHINGTON, DC 20006

**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

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LILIA A. ABRON

P

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date