

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000112133

FILED  
Mar 24, 2010  
Secretary of State

**Entity Name:** GAMMA PROBE CONSULTING CORPORATION

**Current Principal Place of Business:**

UNIVERSITY OF SOUTH FLORIDA  
30273 USF HOLLY DR.  
TAMPA, FL 336203027 US

**New Principal Place of Business:**

152 SW PEACOCK BLVD  
206  
PORT ST LUCIE, FL 34986 US

**Current Mailing Address:**

P.O. BOX 46247  
TAMPA, FL 33646 US

**New Mailing Address:**

P.O. BOX 880277  
PORT ST LUCIE, FL 34986 US

**FEI Number:** 59-3699678

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PECKHAM, HEATHERLEY D P  
6107 BIRCH DR  
FORT PIERCE, FL 34982 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  
Name: PECKHAM, HEATHERLEY D P  
Address: 6107 BIRCH DR  
City-St-Zip: FORT PIERCE, FL 34982

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: HEATHERLEY PECKHAM

PR

03/24/2010

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

\_\_\_\_\_  
Date