

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000072667

FILED
Jul 22, 2009
Secretary of State

Entity Name: PEER CONSULTANTS FLORIDA, INC.

Current Principal Place of Business:

1460 GULF BLVD STE 1103
CLEARWATER, FL 33767

New Principal Place of Business:

Current Mailing Address:

1460 GULF BLVD STE 1103
CLEARWATE, FL 33767

New Mailing Address:

1460 GULF BLVD STE 1103
CLEARWATER, FL 33767

FEI Number: 55-0804451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NOEL, IVAN C
14411 COMMERCE WAY
SUITE 230
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

ABRON, LILIA A
14411 COMMERCE WAY
SUITE 230
MIAMI LAKES, FL 33016 US

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: LILIA A. ABRON

07/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: VP () Delete
Name: NOEL, IVAN C
Address: 14411 COMMERCE WAY, SUITE 230
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: CHARLES, HAROLD R
Address: 14411 COMMERCE WAY, SUITE 230
City-St-Zip: MIAMI LAKES, FL 33016

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

DR.

07/22/2009

Electronic Signature of Signing Officer or Director

Date