

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000072667

**Entity Name:** PEER CONSULTANTS FLORIDA, INC.

**Current Principal Place of Business:**

1460 GULF BLVD  
STE 1103  
CLEARWATER, FL 33767

**Current Mailing Address:**

1460 GULF BLVD  
STE 1103  
CLEARWATER, FL 33767 US

**FEI Number: 55-0804451**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ABRON, LILIA A.  
Address        1460 GULF BLVD  
                  STE 1103  
City-State-Zip: CLEARWATER FL 33767

Title            DIRECTOR  
Name            ABRON, LILIA A.  
Address        1460 GULF BLVD  
                  STE 1103  
City-State-Zip: CLEARWATER FL 33767

Title            SECRETARY  
Name            ABRON, LILIA A.  
Address        1460 GULF BLVD  
                  STE 1103  
City-State-Zip: CLEARWATER FL 33767

Title            TREASURER  
Name            ABRON, LILIA A.  
Address        1460 GULF BLVD  
                  STE 1103  
City-State-Zip: CLEARWATER FL 33767

*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**

**PRESIDENT**

**03/02/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date