2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38866

FILED Apr 29, 2004 Secretary of State

Entity Name: KEYSTONE PEER REVIEW ORGANIZATION, INC.

Current Principal Place of Business:			New Principal Place of Business:		
	PARK DRIVE URG, PA 171				
Current Mailing Address:			New Mailing Address:		
P.O. BOX HARRISB	8310 URG, PA 171	058310			
FEI Number	: 23-2348176	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
1200 SOU	PORATION SY ITH PINE ISLA ION, FL 3332	AND ROAD			
	e named entity e of Florida.	submits this statement for the pu	rpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
SIGNATU		onic Signature of Registered Agen	t	Date	
	Electro	onic Signature of Registered Agen	t	Date	
Election Ca	Electro	ng Trust Fund Contribution ().		Date BES TO OFFICERS AND DIRECTORS	
Election Ca	Electro mpaign Financii S AND DIREC C (BROWN, FRE 215 GEARHAI	ng Trust Fund Contribution (). CTORS:) Delete EDERICK G M.D.			
Election Cal OFFICER Title: Name: Address:	Electron Ele	ng Trust Fund Contribution (). CTORS:) Delete EDERICK G M.D. RT, BOX 458 PA 178680458) Delete NALD E M.D. H AVENUE	ADDITIONS/CHANG Title: Name: Address:	SES TO OFFICERS AND DIRECTORS	
Election Cal OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electron mpaign Financia S AND DIRECT C (BROWN, FRE 215 GEARHAI RIVERSIDE, FOR 130 FOURTHIP PHOENIXVILL T (MURCEK, MA	ng Trust Fund Contribution (). CTORS:) Delete DERICK G M.D. RT, BOX 458 PA 178680458) Delete NALD E M.D. H AVENUE LE, PA 19460) Delete RTIN MD R STREET, STE. 101-2	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	SES TO OFFICERS AND DIRECTORS () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DONALD E. HARROP, MD	Р	04/29/2004
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