

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:

777 EAST PARK DRIVE
HARRISBURG, PA 17111

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8310
HARRISBURG, PA 171058310

New Mailing Address:

FEI Number: 23-2348176 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: C () Delete
Name: BROWN, FREDERICK G M.D.
Address: 215 GEARHART, BOX 458
City-St-Zip: RIVERSIDE, PA 178680458

Title: P () Delete
Name: HARROP, DONALD E M.D.
Address: 130 FOURTHH AVENUE
City-St-Zip: PHOENIXVILLE, PA 19460

Title: T () Delete
Name: MURCEK, MARTIN MD
Address: 562 SHEARER STREET, STE. 101-2
City-St-Zip: GREENSBURG, PA 15601

Title: S () Delete
Name: GASH, RICHARD M M.D.
Address: APT. 307 AT THE FAIRMONT AT CONSHOHOCKEN
City-St-Zip: BALA CYNWYD, PA 19004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date