2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38866

FILED Apr 18, 2006 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	e purpose of changing its registered office or registered agent, c	r both,
SIGNATU	RE:			
	Flectro	onic Signature of Registered A	gent Date	
	Liootic	ino orginataro or regiotoroa?	gent Date	
Election Ca		ng Trust Fund Contribution ().	gent Date	
		ng Trust Fund Contribution ().	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS
	mpaign Financii S AND DIREC C (BROWN, FRE 215 GEARHAI	ng Trust Fund Contribution (). CTORS:) Delete EDERICK G M.D.		ECTORS
OFFICER Title: Name: Address:	Mpaign Financii S AND DIREC C (BROWN, FRE 215 GEARHAI RIVERSIDE, F	ng Trust Fund Contribution (). CTORS:) Delete EDERICK G M.D. RT, BOX 458 PA 178680458) Delete NALD E M.D. H AVENUE	ADDITIONS/CHANGES TO OFFICERS AND DIR Title: () Change () Addition Name: Address:	ECTORS
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	mpaign Financin S AND DIRECT C (BROWN, FRE 215 GEARHAI RIVERSIDE, F P (HARROP, DO 130 FOURTHIPHOENIXVILL 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 .E, PA 19460) Delete RTIN MD R STREET, STE. 101-2	ADDITIONS/CHANGES TO OFFICERS AND DIR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:	ECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH A. DOUGHER CEO 04/18/2006