

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38866

FILED
Mar 09, 2009
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: 2100 SUNNY LANE, PO 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: BUERGER, GEORGE MD
Address: 166 KINGSDALE ROAD
City-St-Zip: PITTSBURGH, PA 15221

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: C (X) Change () Addition
Name: PIASIO, MARK M.D.
Address: 145 HOSPITAL AVENUE, STE 311
City-St-Zip: DUBOIS, PA 15801

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 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: SCOTT BOHNER

CFO

03/09/2009

Electronic Signature of Signing Officer or Director

_____ Date