

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38866

FILED  
Feb 18, 2010  
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  
**Name:** PIASIO, MARK M.D.  
**Address:** 145 HOSPITAL AVENUE, STE 311  
**City-St-Zip:** DUBOIS, PA 15801

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

**Title:** T  
**Name:** BUERGER, GEORGE MD  
**Address:** 166 KINGSDALE ROAD  
**City-St-Zip:** PITTSBURGH, PA 15221

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

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: DONALD E. HARROP, MD

PRES

02/18/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date