

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90399 043 ***150.00

DOCUMENT # **P38866**

1. Entity Name
KEYSTONE PEER REVIEW ORGANIZATION, INC.



Principal Place of Business
**777 EAST PARK DRIVE
HARRISBURG PA 17111**

Mailing Address
**P.O. BOX 8310
HARRISBURG PA 17105-8310**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2348176**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	BROWN, FREDERICK G M.D.	
STREET ADDRESS	215 GEARHART, BOX 458	
CITY-ST-ZIP	RIVERSIDE PA 17868-0458	
TITLE	P	<input type="checkbox"/> Delete
NAME	HARROP, DONALD E M.D.	
STREET ADDRESS	130 FOURTH AVENUE	
CITY-ST-ZIP	PHOENIXVILLE PA 19460	
TITLE	T	<input type="checkbox"/> Delete
NAME	MURCEK, MARTIN MD	
STREET ADDRESS	562 SHEARER STREET, STE. 101-2	
CITY-ST-ZIP	GREENSBURG PA 15601	
TITLE	S	<input type="checkbox"/> Delete
NAME	GASH, RICHARD M M.D.	
STREET ADDRESS	APT. 307 AT THE FAIRMONT AT CONSHOHOCKEN	
CITY-ST-ZIP	BALA CYNWYD PA 19004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **WIPES REQUIRED** *[Signature]* **CEO 1-7-03 (717-5648288)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)