

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**95 APR -6 AM 8:55**

**DOCUMENT # P38866 (0)**

1. Corporation Name  
**KEYSTONE PEER REVIEW ORGANIZATION, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>P.O. BOX 8310<br/>HARRISBURG PA 17105-8310</b> | Mailing Address<br><b>P.O. BOX 8310<br/>HARRISBURG PA 17105-8310</b> |
|--|--|

DO NOT WRITE IN THIS SPACE.

|                                |            |                     |            |
|--------------------------------|------------|---------------------|------------|
| 2. Principal Place of Business |            | 2a. Mailing Address |            |
| 21                             | 26         | 27                  | 30         |
| Suite, Apt. #, etc.            |            | Suite, Apt. #, etc. |            |
| 23 City & State                |            | 28 City & State     |            |
| 24 Zip                         | 25 Country | 29 Zip              | 30 Country |

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>05/19/1992</b>   | 3a. Date of Last Report<br><b>03/22/1994</b>           |
| 4. FEI Number<br><b>23-2348176</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the date (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

|                |                                |
|----------------|--------------------------------|
| TITLE          | <b>C</b>                       |
| NAME           | <b>BROWN, FREDERICK G., MD</b> |
| STREET ADDRESS | <b>NORTH ACADEMY AVENUE</b>    |
| CITY-ST-ZIP    | <b>DANVILLE PA</b>             |
| TITLE          | <b>P</b>                       |
| NAME           | <b>HARROP, DONALD E., MD</b>   |
| STREET ADDRESS | <b>130 FOURTH AVENUE</b>       |
| CITY-ST-ZIP    | <b>PHOENIXVILLE PA</b>         |
| TITLE          | <b>S</b>                       |
| NAME           | <b>GASH, RICHARD M., MD</b>    |
| STREET ADDRESS | <b>1401 REDWOOD LANE</b>       |
| CITY-ST-ZIP    | <b>WYNCOTE PA</b>              |
| TITLE          | <b>T</b>                       |
| NAME           | <b>MURCEK, MARTIN A., MD</b>   |
| STREET ADDRESS | <b>562 SHEARER ST., #101-2</b> |
| CITY-ST-ZIP    | <b>GREENBURG PA</b>            |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information filed on this annual report or supplemental annual 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 12 or Block 13 if applicable, on an attachment with an address.

SIGNATURE: **Executive Director 1/13/95 (717) 564-8288**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR