

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P38866 (0)**

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



Principal Place of Business: **P.O. BOX 8310 HARRISBURG PA 17105-8310**  
Mailing Address: **P.O. BOX 8310 HARRISBURG PA 17105-8310**

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

3. Date Incorporated or Qualified <b>05/19/1992</b>	3a. Date of Last Report <b>04/06/1995</b>
4. FEI Number <b>23-2348176</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	City
				84	City
				85	Zip Code
				<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 and print name of registered agent and state of domicile (NOTE: Registered Agent's name must be the same as on filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>C BROWN, FREDERICK G., MD</b>	2. NAME	
STREET ADDRESS	<b>NORTH ACADEMY AVENUE</b>	3. STREET ADDRESS	
CITY- ST- ZIP	<b>DANVILLE PA</b>	4. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P HARROP, DONALD E., MD</b>	22. NAME	
STREET ADDRESS	<b>130 FOURTH AVENUE</b>	23. STREET ADDRESS	
CITY- ST- ZIP	<b>PHOENIXVILLE PA</b>	24. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S GASH, RICHARD M., MD</b>	32. NAME	
STREET ADDRESS	<b>1401 REDWOOD LANE</b>	33. STREET ADDRESS	
CITY- ST- ZIP	<b>WYNCOTE PA</b>	34. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T MURCEK, MARTIN A., MD</b>	42. NAME	
STREET ADDRESS	<b>562 SHEARER ST., #101-2</b>	43. STREET ADDRESS	
CITY- ST- ZIP	<b>GREENBURG PA</b>	44. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		64. 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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, unchanged, or on an attachment with an address.

SIGNATURE: *Donald E. Harrop, M.D.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DONALD E. HARROP, MD, PRESIDENT**

CR2E034 (12/95)