

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