

1.) CORPORATION NAME:

ISLAND PEER REVIEW ORGANIZATION, INC.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OLD DOMINION FILINGS LLC
7400 BEAUFONT SPRINGS DR STE 300
RICHMOND, VA**

SCC ID NO: **F1880287**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1979 MARCUS AVENUE

CITY/ST/ZIP: LAKE SUCCESS, NY 11042

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: WARREN R. BETTY MD TITLE: TREASURER ADDRESS: 1979 MARCUS AVENUE CITY/ST/ZIP/CO: LAKE SUCCESS, NY 11042	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN FRIEDMAN MD TITLE: SECRETARY ADDRESS: 1979 MARCUS AVENUE CITY/ST/ZIP/CO: LAKE SUCCESS, NY 11042	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THEODORE O. WILL TITLE: CEO ADDRESS: 1979 MARCUS AVENUE CITY/ST/ZIP/CO: LAKE SUCCESS, NY 11042	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: HARRY FEDER TITLE: SR. VP & COO ADDRESS: 1979 MARCUS AVENUE CITY/ST/ZIP/CO: LAKE SUCCESS, NY 11042	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CLARE BRADLEY POLLET TITLE: SR. VP & CMO ADDRESS: 1979 MARCUS AVENUE CITY/ST/ZIP/CO: LAKE SUCCESS, NY 11042	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ALAN F. KING TITLE: SR. VP & CFO ADDRESS: 1979 MARCUS AVENUE CITY/ST/ZIP/CO: LAKE SUCCESS, NY 11042	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD A. WINIKOFF, MD. PRESIDENT 1979 MARCUS AVENUE LAKE SUCCESS, NY 11042	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARLOS ALVAREZ DIRECTOR 1979 MARCUS AVENUE LAKE SUCCESS, NY 11042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM A. DOLAN DIRECTOR 1979 MARCUS AVENUE LAKE SUCCESS, NY 11042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BETH FINKEL, MSW DIRECTOR 1979 MARCUS AVENUE LAKE SUCCESS, NY 11042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHE LeBEAU DIRECTOR 1979 MARCUS AVENUE LAKE SUCCESS, NY 11042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT G. LERNER, MD VICE PRESIDENT 1979 MARCUS AVENUE LAKE SUCCESS, NY 11042	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL F. MACIELAK, Esq DIRECTOR 1979 MARCUS AVENUE LAKE SUCCESS, NY 11042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD A. PAYNTER, MD DIRECTOR 1979 MARCUS AVENUE LAKE SUCCESS, NY 11042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL PRONOVOST, MD, FACP, FASN DIRECTOR 1979 MARCUS AVENUE LAKE SUCCESS, NY 11042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROL RODAT DIRECTOR 1979 MARCUS AVENUE LAKE SUCCESS, NY 11042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL J. ROWLAND DIRECTOR 1979 MARCUS AVENUE LAKE SUCCESS, NY 11042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JOHN SARDELIS, Dr. P.H. TITLE: DIRECTOR ADDRESS: 1979 MARCUS AVENUE CITY/ST/ZIP/CO: LAKE SUCCESS, NY 11042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RAYMOND D. SWEENEY TITLE: DIRECTOR ADDRESS: 1979 MARCUS AVENUE CITY/ST/ZIP/CO: LAKE SUCCESS, NY 11042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LOIS WAGH TITLE: DIRECTOR ADDRESS: 1979 MARCUS AVENUE CITY/ST/ZIP/CO: LAKE SUCCESS, NY 11042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOEL YOHAI, MD. TITLE: DIRECTOR ADDRESS: 1979 MARCUS AVENUE CITY/ST/ZIP/CO: LAKE SUCCESS, NY 11042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ ALAN F.KING	ALAN F.KING,	10/10/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		