2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000000014

1. Entity Name
QHR ADMINISTRATIVE SERVICES, INC.

Principal Place of Business	Mailing Address
12770 MERIT DRIVE, SUITE 700, L.B. 100 DALLLAS, TX 75251	12770 MERIT DRIVE, SUITE 700, L.B. 100 DALLLAS, TX 75251

DO NOT WRITE IN THIS SPACE

02172004 No Chg-P CR2E034 (10/03)

4. FEI Number
75-2910981
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

H10000006468G
02/25/04-80003-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FARRIS, W A
STREET ADDRESS	12770 MERIT DRIVE, SUITE 700, L.B. 100
CITY-ST-ZIP	DALLLAS, TX 75251
TITLE	V
NAME	MOSLEY, THEODORE R
STREET ADDRESS	12770 MERIT DRIVE, SUITE 700, L.B. 100
CITY-ST-ZIP	DALLLAS, TX 75251
TITLE	V
NAME	DRAWBRIDGE, ROBERT E
STREET ADDRESS	12770 MERIT DRIVE, SUITE 700, L.B. 100
CITY-ST-ZIP	DALLLAS, TX 75251
TITLE	S
NAME	MCCARNEY, ANDREW J
STREET ADDRESS	12770 MERIT DRIVE, SUITE 700, L.B. 100
CITY-ST-ZIP	DALLLAS, TX 75251
TITLE	AS
NAME	MACRAE, PAM
STREET ADDRESS	12770 MERIT DRIVE, SUITE 700, L.B. 100
CITY-ST-ZIP	DALLLAS, TX 75251
TITLE	T
NAME	BYLOFF, WESLEY F
STREET ADDRESS	12770 MERIT DRIVE, SUITE 700, L.B. 100
CITY-ST-ZIP	DALLLAS, TX 75251

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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: _____ Wesley Byloff 2/18/04 972-458-7265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #