## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000000014

Entity Name: QHR ADMINISTRATIVE SERVICES, INC.

FILED Jan 20, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
12770 MERIT DRIVE, SUITE 700, L.B. 100 DALLLAS, TX 75251					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
12770 MERIT DRIVE, SUITE 700, L.B. 100 DALLLAS, TX 75251					
FEI Number:	75-2910981	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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.					
SIGNATURE:					
	Electron	ic Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	FARRIS, W A	Delete RIVE, SUITE 700, L.B. 100 '5251	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MOSLEY, THE	RIVE, SUITE 700, L.B. 100	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DRAWBRIDGE,	RIVE, SUITE 700, L.B. 100	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MCCARNEY, AN	RIVE, SUITE 700, L.B. 100	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MALONEY, LAV	RIVE, SUITE 700, L.B. 100	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () STEWART, REX 12770 MERIT D DALLAS, TX 75	R #700	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REX STEWART T 01/20/2009