2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0100000014

1. Entity Name

QHR ADMINISTRATIVE SERVICES, INC.



FILED Apr 15, 2003 8:00 am Secretary of State

04-15-2003 90091 012 ***150.00

Principal Place of Business 12770 MERIT DRIVE. SUITE 700. L.B. 100 DALLLAS TX 75251	Mailing Address 12770 MERIT DRIVE. SUITE 700. L.B. 100 DALLLAS TX 75251	
2. Principal Place of Business	3. Mailing Address	

2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address			1 88 111 88 111 88 111 88 1 6 1 1	IAN DIOLIZO		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. 1	75-2910981		oplied For ot Applicable		
Zip	Country	Zip	Country	5. (Certificate of Status Desired [□ \$8.75 Add Fee Require			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
The state of the s			Name	Name					
C T CORPORATION SYSTEM			Stroot Add	Street Address (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD			Suret Address (1.0. Dox Nathber is not Acceptable)						
PLANTATIO	ON FL 33324								
			City	City FL Zip Code					
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or re	egistered ag	ent, or both, in the State of Florida.	I am familiar with,	and accept		
the obligat	lions of registered agent.								
SIGNATURE .									
SIGNATORIE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signature	required when re	einstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financi Trust Fund Contribution.		May Be to Fees		
10. 1	OFFICERS AND D	DIRECTORS	11,	AD	L DITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11		
TITLE	PD	☐ Delete	TITLE			☐ Change	Addition		
NAME	FARRIS, W A		NAME						
STREET ADDRESS	12770 MERIT DRIVE, SUITE 700, L	B. 100	STREET ADDRESS						
CITY-ST-ZIP	DALLLAS TX 75251		CITY-ST-ZIP						
TITLE	V	☐ Delete	TITLE			☐ Change	☐ Addition		
NAME	MOSLEY, THEODORE R	m	NAME				1		
STREET ADDRESS	12770 MERIT DRIVE, SUITE 700, L	B. 100	STREET ADDRESS						
CITY-ST-ZIP	DALLLAS TX 75251		CITY-ST-ZIP						
TITLE	DRAWBRIDGE, ROBERT E	☐ Delete	TITLE		the section of the se	☐ Change 	☐ Addition		
name Street address	12770 MERIT DRIVE, SUITE 700, L	B 100	STREET ADDRESS				ĺ		
CITY-ST-ZIP	DALLLAS TX 75251		CITY-ST-ZIP				ļ		
TITLE	S	Delete	TITLE			☐ Change	Addition		
NAME	MCCARNEY, ANDREW J		NAME			_ •			
STREET ADDRESS	12770 MERIT DRIVE, SUITE 700, L	.B. 100	STREET ADDRESS				j		
CITY-ST-ZIP	DALLLAS TX 75251		CITY-ST-ZIP						
TITLE	AS	☐ Delete	TITLE	t-	• , ,	☐ Change	☐ Addition		
NAME	MACRAE, PAM	D 400	NAME		* '				
STREET ADDRESS CITY-ST-ZIP	12770 MERIT DRIVE, SUITE 700, L DALLLAS TX 75251	.B. 100	STREET ADDRESS						
	T 19291	[7] A	CITY-ST-ZIP				- Addition		
TITLE	BYLOFF, WESLEY F	☐ Delete	TITLE NAME			☐ Change	Addition)		
NAME Street address	12770 MERIT DRIVE, SUITE 700, L	.B. 100	STREET ADDRESS						
CITY-ST-ZIP	DALLLAS TX 75251		CITY-ST-ZIP				į į		

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 AND YPED OR PRINTED NAME OF SHANG OFFICER OR DIRECTOR

4/7/0:

972-458-7265

Daytime Phone #

CR2E034 (10/02)