

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F97000005347	
1. Entity Name QHR-FLORIDA, INC.	

Principal Place of Business 12770 MERIT DR., STE. 700 DALLAS, TX 75251	Mailing Address 12770 MERIT DR., STE. 700 DALLAS, TX 75251
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02172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2488927	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
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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	000000054688 02/25/04-80003-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRIS, W.A. 12770 MERIT DR., STE. 700 DALLAS, TX 75251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSLEY, TED R 12770 MERIT DR., STE. 700 DALLAS, TX 75251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MCCARNEY, A.J. 12770 MERIT DR., STE. 700 DALLAS, TX 75251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BYLOFF, WESLEY F 12770 MERIT DR., STE. 700 DALLAS, TX 75251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WARDELL, KATHLEEN 12770 MERIT DR., STE. 700 DALLAS, TX 75251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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: 	2/18/04 972 4587265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #