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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J70529

(9)

EAST POINTE HOSPITAL, INC.

FILED
May 15 1997 8:00am
Secretary of State



rinc oal Flac	e of Business	Mailing Address			8/8/( 9/8/( 4/8/) 8/8/) 8/8/) B/8/( B/8/)		
ONE PARK PLAZA NASHVILLE TN 32703		PO BOX 570					
		ATTN: TAX DEPT.		į			
		-NASHVILLE-TN 87802-0570		3. Date Incorporated or Qualified 05/01/1987	3a. Date of Last Report 05/01/1996		
Princ pal F	lace of Business	2a. Mailing Address		4. FEI Number	Applied For		
		26 10 BOX	750	59-2822329	Not Applica		
Suite, Apt	#, etc	Suite, Apt. #, etc.	***************************************	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	(t:	28 Nashville	2 TN	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	· 37202	o CUSA	8. This corporation has liability for			
	25	140	0 005/1		Yes No		
	9. Name and Address of Current		81 Name	10. Name and Address of New Re	gistered Agent		
	PRENTICE-HALL CORPORATION	I SYSTEM, INC.	or Name	3			
	1 HAYS STREET		<b>82</b> Stree	Address (P.O. Box Number is Not Accepted	ole)		
	TE 105		83				
IAL	LAHASSEE FL 32301		03				
			84 City		FL 85 Zip Code		
L. Duzauszi	to the error pions of Scotions 607.0609	2 and 607 1509 Florida Statutor	the above name	d corporation submits this statement for the			
office or a agent. La	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was au itions of, Section 607.0505, Flori	ithorized by the co ida Statutes.	rporation's board of directors. I hereby acce	pt the appointment as registere		
GNATURE		niote.			D. J. T.		
	Sign at me, typind or printed name of registered agor			re required when reinstating)  ADDITIONS (CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12		
	OFFICERS AND	DIRECTORS	13.	re required when reinstating)  ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12		
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i. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an other or director of the corporation or the receiver or trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

418197

aytime Phone #

0476759