

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000044544 (3)

1. Corporation Name

EAST POINTE PHO, INC.



Principal Place of Business

ONE PARK PLAZA
NASHVILLE TN 37203

Mailing Address

ONE PARK PLAZA
NASHVILLE TN 37203

3. Date Incorporated or Qualified
06/23/1993

3a. Date of Last Report
10/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

37202

30

US

4. FEI Number

62-1615058

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CONNERY W. HUDSON JR.	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN 37203	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FRANCIS, RICHARD E JR	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN 37203	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	KOBAN, MICHAEL A JR.	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN 37203	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DONAHEY, KENNETH C	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN 37203	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FLEETWOOD, JAMES A JR.	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN 37203	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, HERBERT T	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN 37203	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Moer, Daniel	
1.3 STREET ADDRESS	7975 NW 154th St. #400A	
1.4 CITY - ST - ZIP	Miami Lakes, FL 33016	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Johnson, R. Milton	
2.3 STREET ADDRESS	One Park Plaza	
2.4 CITY - ST - ZIP	Nashville, TN 37203	
3.1 TITLE	V/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Colby, David C.	
3.3 STREET ADDRESS	One Park Plaza	
3.4 CITY - ST - ZIP	Nashville, TN 37203	
4.1 TITLE	V/AS/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Braun, Stephen T.	
4.3 STREET ADDRESS	One Park Plaza	
4.4 CITY - ST - ZIP	Nashville, TN 37203	
5.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Schweinhardt, Richard A.	
5.3 STREET ADDRESS	One Park Plaza	
5.4 CITY - ST - ZIP	Nashville, TN 37203	
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Frank, John M.	
6.3 STREET ADDRESS	One Park Plaza	
6.4 CITY - ST - ZIP	Nashville, TN 37203	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R. Milton Johnson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Milton Johnson 3/29/96 615-327-9551
Date Daytime Phone #