

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000044544 (3)**

1. Corporation Name
EAST POINTE PHO, INC.

Principal Place of Business ONE PARK PLAZA NASHVILLE TN 37203	Mailing Address P.O. BOX 570 ATTN: TAX DEPT NASHVILLE TN 37202-0570 US
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
	PO Box 750 Nashville TN 37202 USA

3. Date Incorporated or Qualified 06/23/1993	3a. Date of Last Report 04/26/1996
4. FEI Number 62-1615058	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE Fleetwood, Jim	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOEN, DANIEL		1.2 NAME	
STREET ADDRESS 7975 NW 154TH ST #400A		1.3 STREET ADDRESS	
CITY - ST - ZIP MIAMI LAKES FL		1.4 CITY - ST - ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, R. MILTON		2.2 NAME	
STREET ADDRESS ONE PARK PLAZA		2.3 STREET ADDRESS	
CITY - ST - ZIP NASHVILLE TN		2.4 CITY - ST - ZIP	
TITLE VTD	<input type="checkbox"/> DELETE	3.1 TITLE Donahay, Kenneth	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COLBY, DAVID C		3.2 NAME	
STREET ADDRESS ONE PARK PLAZA		3.3 STREET ADDRESS	
CITY - ST - ZIP NASHVILLE TN		3.4 CITY - ST - ZIP	
TITLE VASD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRAUN, STEPHEN T.		4.2 NAME	
STREET ADDRESS ONE PARK PLAZA		4.3 STREET ADDRESS	
CITY - ST - ZIP NASHVILLE TN		4.4 CITY - ST - ZIP	
TITLE VD	<input type="checkbox"/> DELETE	5.1 TITLE Elton, Rosalyn	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHWEINHART, RICHARD A.		5.2 NAME	
STREET ADDRESS ONE PARK PLAZA		5.3 STREET ADDRESS	
CITY - ST - ZIP NASHVILLE TN		5.4 CITY - ST - ZIP	
TITLE S	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRANCK, JOHN M.		6.2 NAME	
STREET ADDRESS ONE PARK PLAZA		6.3 STREET ADDRESS	
CITY - ST - ZIP NASHVILLE TN		6.4 CITY - ST - ZIP	

14. 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/10/97** Daytime Phone: #

0476806

CR2E034 (9/96)