

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

FILED

May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 750 NASHVILLE TN 37202 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/23/1993	Applied For Not Applicable
4. FEI Number 62-1615058	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	NAME	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	7975 NW 154TH ST #400A	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	JOHNSON, R. MILTON	
CITY-ST-ZIP	ONE PARK PLAZA	
	NASHVILLE TN	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	DONAHEY, KENNETH	
CITY-ST-ZIP	ONE PARK PLAZA	
	NASHVILLE TN	
TITLE	NAME	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	BRAUN, STEPHEN T.	
CITY-ST-ZIP	ONE PARK PLAZA	
	NASHVILLE TN	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	ELTON, ROSALYN	
CITY-ST-ZIP	ONE PARK PLAZA	
	NASHVILLE TN	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	FRANCK, JOHN M.	
CITY-ST-ZIP	ONE PARK PLAZA	
	NASHVILLE TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DSVAT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Blackwood, Dora A.	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DVPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:


DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #

0486553

CR2E034 (10/97)