FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000087537 (3)**

1. Corporation Name
EAST POINTE PHYSICIAN MANAGEMENT, INC.

Principal Place of Business
ONE PARK PLAZA
NASHVILLE TN 37203

Mailing Address
ONE PARK PLAZA
NASHVILLE TN 37203

3. Date Incorporated or Qualified: 11/15/1995
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 570
Suite, Apt. #, etc.
27 Attn: Tax Dept
City & State
28 Nashville, TN
Zip 29 37202 Country 30 US

4. FEI Number: 62-1620869 — 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
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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 _____ (Signature (typed or printed) name of registered agent and the date of application) (NOTE: Registered Agent Signature required when resigning) DATE

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	V ☐ Change ☒ Addition
NAME	BRAUN, STEPHEN T	1.2 NAME	Johnson, R. Milton
STREET ADDRESS	ONE PARK PLAZA	1.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP	NASHVILLE TN 37203	1.4 CITY-ST-ZIP	Nashville, TN 37203
TITLE	D ☐ DELETE	2.1 TITLE	P ☐ Change ☒ Addition
NAME	COLBY, DAVID C	2.2 NAME	Moen, Daniel
STREET ADDRESS	ONE PARK PLAZA	2.3 STREET ADDRESS	7975 NW 154th Street
CITY-ST-ZIP	NASHVILLE TN 37203	2.4 CITY-ST-ZIP	Miami Lakes, FL 33016
TITLE	D ☐ DELETE	3.1 TITLE	S ☐ Change ☐ Addition
NAME	SCHWEINHART, RICHARD A	3.2 NAME	Franck, John M.
STREET ADDRESS	ONE PARK PLAZA	3.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP	NASHVILLE TN 37203	3.4 CITY-ST-ZIP	Nashville, TN 37203
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	500001818115
STREET ADDRESS		5.3 STREET ADDRESS	-05/13/96--01027--016
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***200.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

4-9-96
Date

(45)327-9551
Daytime Phone #