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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000003345

1. Corporation Name TENET HEALTHSYSTEM CM, INC.

Principal Place of Business 3820 STATE ST SANTA BARBARA CA 93105

Mailing Address 3820 STATE ST SANTA BARBARA CA 93105

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 SO PINE ISLAND RD PLANTATION FL 33324

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 the 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. The change is subject to the appointment of a 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 date of filing

Date of filing

Date

12. OFFICERS AND DIRECTORS

Table with columns for Title, Name, Street Address, City, St, Zip. Includes entries for Scott M Brown, Michael H Foht, Trevor Fetter, Terence P McMullen, and Richard B Silver.

13.

Table with columns for Title, Name, Street Address, City, St, Zip. Includes entry for Caitlin M Larsen.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DVS Richard B. Silver 3820 State Street Santa Barbara, CA 93105

600002862336-5 -05/04/99--01085--008 \*\*\*\*150.00 \*\*\*\*150.00

AS Caitlin M. Larsen 3820 State Street Santa Barbara, CA 93105

Handwritten signature and date: B 4/23/99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption state in Section 119.07, 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, with all other like empower.

SIGNATURE: Caitlin M. Larsen, Asst. Sec. 4/12/99 805/563-7075

CR2E034 (11/98)