2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P20545 1. Entity Name TENET HEALTHSYSTEM HEALTHCORP, INC.								FILED 05 APR 28 PM 12: 43 SECRETARIASSEE, FLORIDA TALLAHASSEE, FLORIDA				
Principal Place of Business 3820 STATE STREET SANTA BARBARA, CA 93105				Mailing Address % SHERRIE SMITH 3820 STATE STREET SANTA BARBARA, CA 93105				TALLAHASSEE,				
2. Principal Place of Business 13737 Noe1 Road				3. Mailing Address 13737 Noe1 Road					J		4 \$ 0 \$ 1 1 1 1	
Suite, Apt. #, etc. Suite 100				Suite, Apt. #, etc. Suite 100				01192005	Chg-P	CR2E	E034 (10/03)	
City & State Dallas, TX				City & State Dallas, TX				4. FEI Numb 75-177				plied For t Applicable
Zip 75240	·	Country USA			Coun USA			5. Certificate	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent						Name		7. Name and	Address of New	Registered	d Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324						Street Address (P.O. Box Number is Not Acceptable)						
										F	Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.												
10.	Р	OFFICERS	AND DIRE	CTORS Delete	11.	<u> </u>		ADDITIONS	CHANGES TO OF	FICERS AN	ND DIRECTORS Change	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	FETTER, TREVOR NAME 3820 STATE STREET STREET SANTA BARBARA, CA 93105							1 05/10	00054 3/050104	229 229	431 **150.	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANTA BARBARA, CA 93105										☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		ENNIS L ATE STREET ARBARA, CA 931	05	□ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3820 STA	RISTINA A ATE STREET ARBARA, CA 931	05	☐ Delete		- 1					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Defete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.												
SIGNATURE: Kustina A. Mack, Asst. Secretary 3/10/05 805-563-7000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayline Prione #												

. J. Reberts APR 28 (UU)