

Division of Corporations

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P20545

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
14 OCT 24 AM 10:15
STATE
TALLAHASSEE FLORIDA

RECEIVED
14 OCT 24 PM 12:53
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN
TENET HEALTHSYSTEM HEALTHCORP, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$35.00 |

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Corporate Filing Menu

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ORU
10-27-14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tenet HealthSystem HealthCorp, Inc.
Name of Corporation

DOCUMENT NUMBER: P20545

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristina A. Mack

Name of Contact Person

HealthCorp Network, Inc.

Firm/Company

1445 Ross Avenue, Suite 1400

Address

Dallas, Texas 75202

City/State and Zip Code

glynda.stewart@tenethealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara Frederick

at (214) 932-3685
Area Code & Daytime Telephone Number

Name of Contact Person

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
|---|---|--|---|

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
14 OCT 24 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "TENET HEALTHSYSTEM HEALTHCORP", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "HEALTHCORP NETWORK, INC.", THE FOURTEENTH DAY OF OCTOBER, A.D. 2014, AT 2:19 O'CLOCK P.M.

FILED

14 OCT 24 AM 10:15

SECRETARY OF STATE
FALLS CHURCH, VIRGINIA

0921444 8320

141329331

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Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1806543

DATE: 10-23-14