(1/4)

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Tenet Health S	or Corporation
DOCUMENT NUMBER:	P20545
The enclosed Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning	this matter to the following:
Kristina A. Mack	
Name of Contact Person	
HealthCorp Network, Inc.	ASSE TO .
Firm/Company	·
1445 Ross Avenue, Suite 1400 Address	2
Dallas, Texas 75202 City/State and Zip Code	SECRETATION 15 ALL REPORTS AND
glynda.stewart@tenethealth.com	DE O
E-mail address: (to be used for future annu-	ual report notification)
For further information concerning this mat	ter, please call:
Sara Frederick	214 932-3685 at ()
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	nt:
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$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

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

		ECTION 1 I BE COMPLETED)	7	野D:15	1
	(Document numb	P20545 er of corporation (if known)	77	μ. Ο	
	·				
I. Tenet HealthS	system HealthCorp, Inc.			•	
	(Name of corporation as it appear	s on the records of the Department of State)			
2.	Delaware	3.08/19/1988			_
	(Incorporated under laws of)	(Date authorized to do business	in Florida)		•
		CTION II Y THE APPLICABLE CHANGES)			
	dment changes the name of the corporation of incorporation? 10/14/2014	ion, when was the change effected under	the laws of		
5. HealthCorp No	•				
(Name of co appropriate	orporation after the amendment, adding e abbreviation, if not contained in new r	·	TA S		•
(If new name business in		e corporate name adopted for the purpose	of transact	ting C	****
6. If the amend	dment changes the period of duration, in	dicate new period of duration.		24 At	
	(N	ew duration)	65	AH 10:	ij.,
7. If the amend	dment changes the jurisdiction of incorp	oration, indicate new jurisdiction.	ATE	5	
	(Ne	w jurisdiction)			
K	a certificate or document of similar import to delivery of the application to the Dody of corporate records in the jurisdiction of the A. Lackture of a director, president or other officer - if is serior or other court appointed fiduciary, by the	ort, evidencing the amendment, authentice partment of State, by the Secretary of State on under the laws of which it is incorporate in the hands	ated not mo ite or other ited.	ne than official	
ψ, <u>π</u> (ε	Kristina A. Mack	Secretary			
Τ)	yped or printed name of person signing)	(Title of person signing)	_		

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.

14 OCT 24 MHIO: 15
SELVE WAS TO STATE

0921444 8320

141329331

You may varify this certificate onlin at corp. delaware.gov/authver.shtml AUTHENT CATION: 1806543

DATE: 10-23-14