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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000081940 (4)

1. Corporation Name

TENET HEALTHSYSTEM NORTH SHORE, INC.



Principal Place of Business

3820 STATE STREET
SANTA BARBARA CA 93105

Mailing Address

3820 STATE STREET
SANTA BARBARA CA 93105-3112

3. Date Incorporated or Qualified

10/03/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 c/o Mary H. Yumibe

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

4. FEI Number

75-267592

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is No. 100002001661-8

83 02/07/97--01077--026

84 City

85 Zip Code

FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BROWN, SCOTT M
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/Sr.VP/S ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE P ☐ Change ☒ Addition
2.2 NAME Steven M. Klein
2.3 STREET ADDRESS 3820 State Street
2.4 CITY-ST-ZIP Santa Barbara, CA 93105

3.1 TITLE Exec.VP/CFO ☐ Change ☒ Addition
3.2 NAME Trevor Fetter
3.3 STREET ADDRESS 3820 State Street
3.4 CITY-ST-ZIP Santa Barbara, CA 93105

4.1 TITLE VP/T ☐ Change ☒ Addition
4.2 NAME Terence P. McMullen
4.3 STREET ADDRESS 3820 State Street
4.4 CITY-ST-ZIP Santa Barbara, CA 93105

5.1 TITLE Exec. VP ☐ Change ☒ Addition
5.2 NAME W. Randolph Smith
5.3 STREET ADDRESS 14001 Dallas Parkway
5.4 CITY-ST-ZIP Dallas, TX 75240

6.1 TITLE AS ☐ Change ☒ Addition
6.2 NAME Alan Lundgren
6.3 STREET ADDRESS 3820 State Street
6.4 CITY-ST-ZIP Santa Barbara, CA 93105

14. I do 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 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:

Alan Lundgren, Asst. Sec'y

1/29/97

805/563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)