

2004 FOR PROFIT CORPORATION ANNUAL REPORT

#150

DOCUMENT # P96000081940 1. Entity Name TENET HEALTHSYSTEM NORTH SHORE, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 MAR -3 AM 8:00	
Principal Place of Business % MARY K YIM Sherrie Smith 3820 STATE STREET SANTA BARBARA, CA 93105				Mailing Address % MARY K YIM Sherrie Smith 3820 STATE STREET SANTA BARBARA, CA 93105			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SILVER, RICHARD B 3820 STATE STREET SANTA BARBARA, CA 93105 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Secretary Caitlin M. Larsen 3820 State Street Santa Barbara, CA 93105 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEDEROS, ANA J 1100 N.W. 95TH STREET MIAMI, FL 33150 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Acting President Manny Linares 1100 N.W. 95th Street Miami, FL 33150 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DENT, DENNIS L 3820 STATE STREET SANTA BARBARA, CA 93105 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	900029823059 03/03/04--01062--001 **17636.25 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LARSEN, CAITLIN M 3820 STATE STREET SANTA BARBARA, CA 93105 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary Kristina A. Mack 3820 State Street Santa Barbara, CA 93105 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: <u>Kristina A. Mack</u> Kristina A. Mack, Asst. Secretary <u>2/20/04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							