2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000081940					FILED			
1. Entity Name TENET HEALTHSYSTEM NORTH SHORE, INC.					07 APR -3 PM 3: 52			
D. College Addison				O TO	SECRETATE OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 13737 NOEL ROAD STE 100 DALLAS, TX 75240		Mailing Address ATTEN:DONNA JARRELL 13737 NOEL RD.STE 100 DALLAS, TX 75240			1)	2418 21 11 12 21
Principal Place of Business - No P.O. Box # 3. Mailing Ad								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122007	Chg-P	CR2E034 (12/06)	
City & State		City & State			4. FEI Numb			pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate	e of Status Desired	□ \$8.75 Ad Fee Require	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Stre	Street Address (P.O. Box Number is Not Acceptable)				
			City				FL Zip Coo	de
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, the obligations of registered agent.								, and accept
SIGNATURE.								
	Signature, typod or printed name of registered agen	t and title if applicable. (NOT	E Registered Agent s	ignature required	d when reinstating)	I	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campa Trust Fund Cont			.00 May Be ed to Fees			
10.	OFFICERS AND	DIRECTORS	11.	— D	ADDITIONS	IUMVIIGES TU UEE	CERS AND DIRECTOR	8S IN 11
TITLE NAME	DS Delete TITLE NAME			President				
STREET ADDRESS CITY-ST-ZIP	•							
TITLE	Р	Delete	TITLE				☐ Change	Addition
name Street address	STEIGMAN, DON S 13737 NOEL RD ,STE 100		NAME STREET ADDRI	ESS	0471	'00096. !1/070100	382667 4025 **!5	0.00
CITY-ST-ZIP	DALLAS, TX 75240		CITY-ST-ZIP		UT1 1	.17010100	T	0.00
TITLE NAME	T SHERMAN, JEFFREY S	☐ Delete	TITLE NAME	1			☐ Change	☐ Addition
STREET ADDRESS	13737 NOEL RD ,STE 100		STREET ADDRE	ESS				
CITY-ST-ZIP TITLE	DALLAS, TX 75240	☐ Delete	CITY-ST-ZIP				Change	☐ Addition
NAME	MACK, KRISTINA A		NAME					
STREET ADDRESS CITY-ST-ZIP	13737 NORL RD ,STE 100 DALLAS, TX 75240		STREET ADDRI	ESS				
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRI	ESS				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRE CITY-ST-ZIP	ESS				
12. Thereby certify that the information supplied with this filling does not qualify for the quantities of the corporation cochanged, or on an Kristina A. Mack, Asst Sec., 3/28/07 SIGNATURE: Kind A. Mack, Asst Sec., 3/28/07 Phone 469-893-2701								
		FRINTEU NAME OF SIGNING OFFICER	OR DIRECTOR			Date	Davtime Phone #	