2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000081940

1. Entity Name
TENET HEALTHSYSTEM NORTH SHORE, INC.

FILED

2008 FEB 27 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
13737 NOEL ROAD STE 100 DALLAS, TX 75240	ATTEN:DONNA JARRELL 13737 NOEL RD.STE 100 DALLAS, TX 75240

01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2671592

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	LARSEN, CAITLIN M
STREET ADDRESS	13737 NOEL RD ,STE 100
CITY-ST-ZIP	DALLAS, TX 75240
TITLE	P
NAME	ALEMAN, RALPH
STREET ADDRESS	500 W CYPRESS CREEK RD. #700
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	T
NAME	SHERMAN, JEFFREY S
STREET ADDRESS	13737 NOEL RD ,STE 100
CITY-ST-ZIP	DALLAS, TX 75240
TITLE	AS
NAME	MACK, KRISTINA A
STREET ADDRESS	13737 NORL RD ,STE 100
CITY-ST-ZIP	DALLAS, TX 75240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800119547838
03/06/08--01014--004 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kristina A. Mack Kristina A. Mack, Assistant Secretary 469-893-2701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #