2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000081940

Entity Name: TENET HEALTHSYSTEM NORTH SHORE, INC.

FILED Feb 09, 2009 Secretary of State

Current P	rincipal Place	e of Business:	New Prince	New Principal Place of Business:		
13737 NOI STE 100 DALLAS, ⁻						
Current M	lailing Addres	ss:	New Mail	New Mailing Address:		
	ONNA JARRE EL RD.STE 10 TX 75240		13737 NO	ATTEN: LAW DEPT 13737 NOEL RD.STE 100 DALLAS, TX 75240		
FEI Number: 75-2671592 FEI Number Applied For ()		FEI Number Not App	FEI Number Not Applicable () Certificate of Status Desired ()			
Name and	Address of (Current Registered Agent:	Name and	d Address of	New Registered Agent:	
1200 SOU	ORATION SYS TH PINE ISLA ION, FL 33324	ND ROAD				
	named entity e of Florida.	submits this statement for the	purpose of changing	its registered	office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered A્	gent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DS (LARSEN, CAIT 13737 NOEL R DALLAS, TX 7	D ,STE 100	Title: Name: Address: City-St-Zip:	DS (MACK, KRIST 13737 NOEL DALLAS, TX	RD ,STE 100	
Title: Name: Address: City-St-Zip:	ALEMAN, RALI	SS CREEK RD. #700	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (SHERMAN, JE 13737 NOEL R DALLAS, TX 7	D ,STE 100	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS (MACK, KRISTI 13737 NORL F DALLAS, TX 7	D ,STE 100	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTINA MACK AS 02/09/2009