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FLORIDA DIVISION OF CORPORATIONS

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TO: DIVISION OF CORPORATIONS FROM: RUDEH, MCCLOSKEY, SMITH, CHUBBIE  
DEPARTMENT OF STATE 200 E. BAYARD RD  
STATE OF FLORIDA PO BOX 1000  
109 EAST GARDEN STREET ST. LUTHERALE FL 32082  
TALLAHASSEE, FL 32399 CONTACT: ANNE MARIE FERLA 0000

FAX: (904) 922-4000

PHONE: (305) 527-6221

FAX: (305) 764-4996

((H96000003630))

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: TENET HIALFAH HEALTHSYSTEM, INC.

FAX AUDIT NUMBER: H96000003630

CURRENT STATUS: REQUESTED

DATE REQUESTED: 03/14/1996

TIME REQUESTED: 10:50:26

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TALLAHASSEE, FLORIDA

80-2100-4110-100

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**ARTICLES OF INCORPORATION  
OF  
TENET HIALEAH HEALTHSYSTEM, INC.**

The undersigned incorporator does hereby make, subscribe, file and acknowledge these Articles of Incorporation for the purpose of organizing a corporation under the Florida Business Corporation Act.

**ARTICLE I  
NAME OF CORPORATION**

The name of this Corporation shall be:

Tenet Hialeah HealthSystem, Inc.

**ARTICLE II  
PRINCIPAL OFFICE AND MAILING ADDRESS**

The mailing address and the principal office of this Corporation is 651 East 25th Street, Hialeah, Florida 33013.

**ARTICLE III  
AUTHORIZED SHARES**

The total authorized capital stock of this Corporation shall consist of 10,000 shares of Common Stock, par value \$.01 per share.

**ARTICLE IV  
ADDRESS OF REGISTERED OFFICE IN THIS STATE**

The street address of the initial registered office of this Corporation in the State of Florida is 200 East Broward Boulevard, Ft. Lauderdale, Florida 33301, and the initial registered agent of this Corporation at that address shall be David F. Parish.

B96000003630

Prepared by: David F. Parish, Esq., FL Bar #275786  
Ruden McCloskey, Etal, P.O. Box 1900  
Fort Lauderdale, Florida 33301  
(954) 764-6660

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**ARTICLE V  
INCORPORATOR**

The name and street address of the person signing these Articles of Incorporation is:

David F. Parish  
200 East Broward Boulevard  
Ft. Lauderdale, Florida 33301

IN WITNESS WHEREOF, I have hereunto subscribed my hand and seal this 14th day of  
March, 1996.

  
David F. Parish, Incorporator

THE UNDERSIGNED, named as the registered agent in Article IV of these Articles of  
Incorporation, hereby accepts the appointment as such registered agent, and acknowledges that he  
is familiar with, and accepts the obligations imposed upon registered agents under, the Florida  
Business Corporation Act, including specifically Section 607.0505.

  
David F. Parish, Registered Agent

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Prepared by: David F. Parish, Esq., FL Bar #275786  
Ruden McCloskey, Etal, P.O. Box 1900  
Fort Lauderdale, Florida 33301  
(954) 764-6660

# P96000023285

Document Number Only

C T CORPORATION SYSTEM  
Requestor's Name  
660 East Jefferson Street  
Address  
Tallahassee, Florida 32301  
City State Zip Phone

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\*\*\*\*\*35.00 \*\*\*\*\*35.00

CORPORATION(S) NAME

Tenet Healthcare Healthsystem, Inc.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Profit                        | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                    |
| <input type="checkbox"/> NonProfit                     | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                      |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Foreign                       | <input type="checkbox"/> Reservation            | <input checked="" type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Partnership           | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> Fictitious Name           |
| <input type="checkbox"/> Reinstatement                 | <input type="checkbox"/> Call When Ready        | <input type="checkbox"/> CUS                       |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After                     |
| <input type="checkbox"/> Certified Copy                | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick           |
| <input checked="" type="checkbox"/> Walk In            |   |  |
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3/24/97  
Added name & capacity  
Tamar

3/24

J. Dy  
R. C. Carey

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TALLAHASSEE, FLORIDA  
97 MAR 24 PM 12:00  
SECRETARY OF STATE

Florida Department of State, Jim Smith, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: TENET HIALEAH HEALTHSYSTEM, INC.

1b. Date of Incorporation 3/14/96 Document number P96000023285

2. The name and address of the current registered agent and office:

David F. Parish

200 East Broward Blvd., Ft. Lauderdale, FL 33301

3. The name and address of the new registered agent and office:

(P.O. Box Not Acceptable)

C T CORPORATION SYSTEM

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Scott M. Brown  
SIGNATURE

Scott M. Brown, Secretary  
Typed or printed name and title

March 19, 1997

DATE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

C T CORPORATION SYSTEM  
SIGNATURE BY: M. Fitzpatrick  
(Registered Agent) Margaret Fitzpatrick  
DATE 3/21/97 Asst. Sec.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91)

FILING FEE: \$35.00

(FLA. - 2194 - 3/4/92)