

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96-23285**
1. Corporation Name
TENET HIALEAH HEALTHSYSTEM, INC.

Principal Place of Business Mailing Address
3820 State Street c/o Mary Yumibe
Santa Barbara, CA 93105 3820 State Street
Santa Barbara, CA 93105

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
3/14/96
4. FEI Number Applied For
75-2653770 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P Michael H. Focht, Sr.**
STREET ADDRESS **3820 State Street**
CITY-STATE-ZIP **Santa Barbara, CA 93105**
TITLE ☐ DELETE
NAME **EVP/CFO Trevor Fetter**
STREET ADDRESS **3820 State Street**
CITY-STATE-ZIP **Santa Barbara, CA 93105**
TITLE ☐ DELETE
NAME **SVP/S/D Scott M. Brown**
STREET ADDRESS **3820 State Street**
CITY-STATE-ZIP **Santa Barbara, CA 93105**
TITLE ☐ DELETE
NAME **V/T Terence P. McMullen**
STREET ADDRESS **3820 State Street**
CITY-STATE-ZIP **Santa Barbara, CA 93105**
TITLE ☐ DELETE
NAME **AS Alan Lundgren**
STREET ADDRESS **3820 State Street**
CITY-STATE-ZIP **Santa Barbara, CA 93105**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE **800882158828-2**
2.2 NAME **-04/29/97--01089-010**
2.3 STREET ADDRESS ******165.00 ****165.00**
2.4 CITY-STATE-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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 contained on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Scott M. Brown, Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97
Date

805/563-7075
Daytime Phone #

CR2E034 (9/96)