

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

APPROVED  
AND  
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1998 MAR -2 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000023285 (5)

1. Corporation Name  
TENET HIALEAH HEALTHSYSTEM, INC.



Principal Place of Business 3820 STATE STREET C/O MARY YUMIBE SANTA BARBARA CA 93105	Mailing Address 3820 STATE STREET C/O MARY YUMIBE SANTA BARBARA CA 93105
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/14/1996	
25		30		4. FEI Number 75-2653770	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	


9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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	
85 Zip Code				FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	FOCHT, MICHAEL H	<input checked="" type="checkbox"/> DELETE	11 TITLE	P	Clifford J. Bauer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3820 STATE STREET		12 NAME		651 East 25th Street	
STREET ADDRESS		SANTA BARBARA CA 93105		13 STREET ADDRESS		Hialeah, FL 33013	
CITY-ST-ZIP				14 CITY-ST-ZIP			
TITLE	CFO	FETTER, TREVORL	<input type="checkbox"/> DELETE	21 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3820 STATE STREET		22 NAME			
STREET ADDRESS		SANTA BARBARA CA 93105		23 STREET ADDRESS			
CITY-ST-ZIP				24 CITY-ST-ZIP			
TITLE	SVSD	BROWN, SCOTT	<input type="checkbox"/> DELETE	31 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3820 STATE STREET		32 NAME		200002445832-3	
STREET ADDRESS		SANTA BARBARA CA 93105		33 STREET ADDRESS		-03/03/98--01075--027	
CITY-ST-ZIP				34 CITY-ST-ZIP		****150.00 ****150.00	
TITLE	VT	MCMULLEN, TERENCE P	<input type="checkbox"/> DELETE	41 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3820 STATE STREET		42 NAME			
STREET ADDRESS		SANTA BARBARA CA 93105		43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE	AS	LUNDGREN, ALAN	<input type="checkbox"/> DELETE	51 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3820 STATE STREET		52 NAME			
STREET ADDRESS		SANTA BARBARA CA 93105		53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	61 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

14. I 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 indicated 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:  Alan Lundgren 2/25/98 805/563-7075

CR2E034 (10/97)