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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000003345**

1. Corporation Name

TENET HEALTHSYSTEM CM, INC.

Principal Place of Business	Mailing Address
3820 STATE ST SANTA BARBARA CA 93105	3820 STATE ST SANTA BARBARA CA 93105

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/26/1997

4. FEI Number
75-2698302
[ ] Applied For
[ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes [X] No

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
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 date of signature

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD	[X] DELETE	DVS [ ] Change [X] Add
NAME	BROWN, SCOTT M		Richard B. Silver
STREET ADDRESS	3820 STATE ST		3820 State Street
CITY-ST-ZIP	SANTA BARBARA CA 93105		Santa Barbara, CA 93105
TITLE	P	[ ] DELETE	[ ] Change [ ] Address
NAME	FOCHT, MICHAEL H SR		
STREET ADDRESS	3820 STATE ST		600002862338--5
CITY-ST-ZIP	SANTA BARBARA CA 93105		-05/04/99--01085--008
TITLE	V	[ ] DELETE	****150.00 ****150.00
NAME	FETTER, TREVOR		[ ] Change [ ] Address
STREET ADDRESS	3820 STATE ST		
CITY-ST-ZIP	SANTA BARBARA CA 93105		
TITLE	T	[ ] DELETE	[ ] Change [ ] Address
NAME	MCMULLEN, TERENCE P		
STREET ADDRESS	3820 STATE ST		
CITY-ST-ZIP	SANTA BARBARA CA 93105		
TITLE	AS	[X] DELETE	AS [ ] Change [X] Add
NAME	SILVER, RICHARD B		Caitlin M. Larsen
STREET ADDRESS	3820 STATE ST		3820 State Street
CITY-ST-ZIP	SANTA BARBARA CA 93105		Santa Barbara, CA 93105
TITLE		[ ] DELETE	[ ] Change [ ] Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

B 4/23/99 99A

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, with all other like empowered.

SIGNATURE: Caitlin Larsen Caitlin M. Larsen, Asst. Sec. 4/12/99 805/563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

CR2E034 (11/98)