TENET HALEAH HEALTHSYSTEM, INC. DO MAY - I AM 8: 03,	2000	UNIFORM BUS	NESS REPO	RT ((UBR	R)			ADDD	100		
Principal Place of Business	DOCUMENT # P96000023285 1. Entity Name						APPROVED, AND FILED					
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City & State City & State City & State City & State Country Country Country Country S. Cardicate of Status Desired S.75 Additional Fee New Applied Fig. Street Address of New Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION F. 33224 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signate, types or proted rate of signate to add signate to do so. After MAY 1, 2000 Fee will be \$55,00 May Enting requirement and sects to do so. After MAY 1, 2000 Fee will be \$55,00 May Enting requirement and sects to do so. After MAY 1, 2000 Fee will be \$55,00 May Enting requirement and sects to do so. After MAY 1, 2000 Fee will be \$55,00 May Enting requirement and sects to do so. Address (P.O. Box Number is Not Acceptable) In the section of both in the State of Florida. SIGNATURE Signate, types or proted rate of state to do so. After MAY 1, 2000 Fee will be \$55,00 May Enting requirement and sects to do so. After MAY 1, 2000 Fee will be \$55,00 May Enting requirement and sects to do so. Address (P.O. Box Number is Not Acceptable) DIVIL 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE PART OFFICERS AND DIRECTORS IN 11 THE PART OFFICERS AND DIRECTORS IN 11 THE PART OFFICERS AND DIRECTORS THE AUGUST AND DIRECTORS IN 11 THE PART OFFICERS AND DIRECTORS THE AUGUST AND DIRECTOR	2. Principal P	lace of Business	3. Mailing Address									
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C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code City FL Zip Code City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax filling requirement and excits to do so. After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PART Desire Address STRET ADDRESS STRET ADDRESS STRET TREET STRET ADDRESS STRET	Zip	Country	Zip	Zip Count		5. Certificate of Status			d \square			
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1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Name							
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME BAUER, CLIFFORD J STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIREC	1200 SOUTH PINE ISLAND ROAD				Street Ad	ldress (P.C	D. Box Number is	Not Accepta	able)			
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Asst. Secretary LINED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

805/563-7075

Daytime Phone #