2002 UNIFORM BUSINESS REPORT (UBR)

200	ř Aldil	Onim Booi	MESS MER S	•••	100	<u>",</u>			
DOCUMENT # P0100049387 1. Entity Name TENET WEST PALM REAL ESTATE, INC.							FILED		
Principal Place of Business 3820 STATE ST. SANTA BARBARA CA 93105			Mailing Address 3820 STATE ST. SANTA BARBARA CA 93105				O2 MAR 27 AM II: 24 SECRETARY OF STATE		
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State			City & State				4. FEI Number Applied For Not Applicable		
Zip		Zip Country		try		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	egistered Agent		7. Name and Address of New Registered Agent						
					Name	Name			
	ORATION SY				Street Address (P.O. Box Number is Not Acceptable)				
	PINE ISLAND I	·=		0.000.100.000					
PLANTATI	ION FL 33324								
					City	ity 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.	Signature, typed or p	printed name of registered agent an	d title if applicable. (NOTE	: Registere	d Agent signati	ure required w	vhen reinstating) DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After May 1, 2002 Fee Make Check Payable to D				2 Fee	will be \$5	5550.00 Trust Fund Contribution.			
11.		OFFICERS AND D	_L	12.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	OFFICENS AND D	Delete	TITLE	<u> </u>	77.10	Change Addition		
NAME STREET ADDRESS CITY-ST-ZIP	SILVER, RIC 3820 STATE		L. Delete	NAMI STRE		V/S	9000052828697		
TITLE			☐ Delete	TITLE		P	****150.00 ****150.00 Change LS Addition		
NAME STREET ADDRESS CITY-ST-ZIP					E Et address -st-zip	500 1	S. Steigman W. Cypress Creek Road Lauderdale, FL 33309		
TITLE			☐ Delete	TITLE		v	☐ Change ☐ Addition		
NAME STREET ADDRESS - CITY-ST-ZIP					E et address -st-zip	3820	ence G. Hixon State Street a Barbara. CA 93105		
TITLE			☐ Delete	TITLE	:	T	Change . ☐ Change . ☐ Chan		
NAME				NAM			is L. Dent		
STREET ADDRESS				1	ET ADDRESS		State Street		
CITY-ST-ZIP				-	-ST-ZIP	Sant	a Barbara, CA93105		
TITLE			Delete	TITLE		AS	☐ Change ☐ Addition		
NAME	NAM CON			Caitlin M. Larsen					
				ET ADDRESS -ST-ZIP		State Street			
			<u> </u>	-		Sant	a Barbara, CA 93105		
TITLE NAME			Delete .	TITLE			☐ Change ☐ Addition		
STREET ADDRESS					ET ADDRESS		i / / / /		
CITY-ST-ZIP					-ST-ZIP				
13. I hereby o	certify that the in	nformation supplied with t	his filing does not qualify for	the exe	mption stat	ed in Sect	tion 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:

SIGNATURE AND TYPED OR SINTED NAME OF SIGNING OFFICER-ORD DIRECTOR

3/12/02

805/563-7075