

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90065 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P96000023285</b>			
1. Entity Name <b>TENET HIALEAH HEALTHSYSTEM, INC.</b>			
Principal Place of Business <b>3820 STATE STREET C/O MARY YUMIBE SANTA BARBARA CA 93105</b>		Mailing Address <b>3820 STATE STREET C/O MARY YUMIBE SANTA BARBARA CA 93105</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		4. FEI Number <b>75-2653770</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)			
<div style="text-align: center;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2002 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b> </div>			
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERNANDEZ, AURELIO</b>	NAME	
STREET ADDRESS	<b>651 EAST 25TH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	CITY-ST-ZIP	
TITLE	<b>DVS</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILVER, RICHARD B</b>	NAME	
STREET ADDRESS	<b>3820 STATE STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DENT, DENNIS L</b>	NAME	
STREET ADDRESS	<b>3820 STATE STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARSEN, CAITLIN M</b>	NAME	
STREET ADDRESS	<b>3820 STATE STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Caitlin M. Larsen</i>		3/19/02 805/563-7075	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/01)