

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000003345

1. Entity Name

TENET HEALTHSYSTEM CM, INC.



Principal Place of Business

3820 STATE ST
SANTA BARBARA, CA 93105

Mailing Address

3820 STATE ST
SANTA BARBARA, CA 93105

2. Principal Place of Business
13737 Noel Road

3. Mailing Address
13737 Noel Road

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

City & State
Dallas, TX

City & State
Dallas, TX

Zip
75240

Country
USA

Zip
75240

Country
USA

02242005

Chg-P

CR2E034 (10/03)

4. FEI Number

75-2698302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION, FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DS ☐ Delete
NAME LARSEN, CAITLIN M
STREET ADDRESS 3820 STATE ST
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE P ☐ Delete
NAME PULLEN, TIMOTHY L
STREET ADDRESS 13737 NOEL ROAD., STE 100
CITY-ST-ZIP DALLAS, TX 75240

TITLE T ☐ Delete
NAME DENT, DENNIS L
STREET ADDRESS 3820 STATE ST
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE AS ☐ Delete
NAME MACK, KRISTINA A
STREET ADDRESS 3820 STATE ST
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300054210263
05/10/05--01048--005 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kristina A. Mack

Kristina A. Mack, Asst. Secretary

3/10/05

805-563-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
05 APR 28 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



APR 28 2005