

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000023285

1. Entity Name
TENET HIALEAH HEALTHSYSTEM, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

06 MAR 17 AM 8:29

Principal Place of Business
13737 NOEL ROAD
STE 100
DALLAS, TX 75240

Mailing Address
13737 NOEL ROAD
STE 100
DALLAS, TX 75240



2. Principal Place of Business

3. Mailing Address

Attn: Donna Jarrell

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13737 Noel Rd Ste 100

02212006

Chg-P

CR2E034 (11/05)

City & State

City & State

Dallas TX

4. FEI Number

75-2653770

Applied For

Not Applicable

Zip

Country

Zip

Country

75240

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME MEDEROS, ANA ☐ Delete
STREET ADDRESS 651 EAST 25TH STREET
CITY-ST-ZIP HIALEAH, FL 33013

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

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE DS
NAME Larsen, Caitlin ☒ Change ☐ Addition
STREET ADDRESS 13737 Noel Rd Ste 100
CITY-ST-ZIP Dallas TX 75240

TITLE T
NAME Sherman, Jeffrey S ☒ Change ☐ Addition
STREET ADDRESS 13737 Noel Rd Ste 100
CITY-ST-ZIP Dallas TX 75240

TITLE AS
NAME Mack, Kristina A ☒ Change ☐ Addition
STREET ADDRESS 13737 Noel Rd Ste 100
CITY-ST-ZIP Dallas TX 75240

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Caitlin Larsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Caitlin Larsen 2/27/06 469-893-2701

Date

Daytime Phone #

William MAR 17 2006