

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000023285

1. Entity Name  
TENET HIALEAH HEALTHSYSTEM, INC.



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

Mailing Address  
ATTN: DONNA JARRELL  
13737 NOEL RD STE 100  
DALLAS, TX 75240

FILED

07 APR -3 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11722007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
75-2653770

Applied For  
Not Applicable

Zip

Country

Zip

Country

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, 2007 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 ☐ Delete  
NAME MEDEROS, ANA  
STREET ADDRESS 651 EAST 25TH STREET  
CITY-ST-ZIP HIALEAH, FL 33013

TITLE DS ☐ Delete  
NAME LARSEN, CAITLIN M  
STREET ADDRESS 13737 NOEL RD, STE 100  
CITY-ST-ZIP DALLAS, TX 75240

TITLE T ☐ Delete  
NAME SHERMAN, JEFFREY S  
STREET ADDRESS 13737 NOEL RD, STE 100  
CITY-ST-ZIP DALLAS, TX 75240

TITLE AS ☐ Delete  
NAME MACK, KRISTINA A  
STREET ADDRESS 13737 NOEL RD, STE 100  
CITY-ST-ZIP DALLAS, TX 75240

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  
200096381212  
04/11/07--01004--006 \*\*150.00

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

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

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

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

12. I hereby certify that the information provided on this form does not qualify for the exemptions contained in Chapter 607, Florida Statutes, which are indicated on this report of the corporation or changed, or on an annual report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kristina A. Mack

Kristina A. Mack, Asst Sec, 3/28/07  
Phone 469-893-2701

Date

Daytime Phone #