

# 2008 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

2008 FEB 27 PM 12: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01112008 No Chg-P CR2E034 (11/05)

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4. FEI Number  
75-2653770

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2008 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
STREET ADDRESS	651 EAST 25TH STREET
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	DS
NAME	LARSEN, CAITLIN M
STREET ADDRESS	13737 NOEL RD, STE 100
CITY-ST-ZIP	DALLAS, TX 75240
TITLE	T
NAME	SHERMAN, JEFFREY S
STREET ADDRESS	13737 NOEL RD, STE 100
CITY-ST-ZIP	DALLAS, TX 75240
TITLE	AS
NAME	MACK, KRISTINA A
STREET ADDRESS	13737 NOEL RD, STE 100
CITY-ST-ZIP	DALLAS, TX 75240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200119547918  
03/06/08--01014--008 \*\*150.00

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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:

*Kristina A. Mack*

Kristina A. Mack,  
Assistant Secretary

469-893-2701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #