## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000035384

1. Entity Name TENET ST. MARY'S, INC.



Principal Place of Business

13737 NOEL ROAD STE 100 DALLAS, TX 75240 Mailing Address

ATTN: DONNA JARRELL 13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240

## FILED

2008 FEB 27 PM 12: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE 01112008

No Chg-P

CR2E034 (11/05)

4. FEI Number 75-2932830

Not Applicable

Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

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 farniliar with, and accept	i
	the obligations of registered agent.		
SI	IGNATURE		

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

**9.** Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE MAME LARSEN, CAITLIN M STREET ADDRESS 13737 NOEL ROAD, SUITE 100 CITY-ST-ZIP DALLAS, TX 75240 TITLE CARBONE, DAVID NAME 901 45TH ST. STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33407 SHERMAN, JEFFREY S NAME STREET ADDRESS 13737 NOEL ROAD, SUITE 100 CITY-ST-ZIP DALLAS, TX 75240 TITLE NAME MACK, KRISTINA A 13737 NOEL ROAD, SUITE 100 STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75240 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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IN THIS SPACE

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

Kristina A. Mack.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Kushra A. Mach

Assistant Secretary

469-893-2701

Date

Dayti ne Phone #