

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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1997 APR 29 PM 4: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 836991
1. Corporation Name
TENET HEALTHSYSTEM MEDICAL, INC.

Principal Place of Business 3820 State Street Santa Barbara, CA 93105	Mailing Address c/o Mary Yumbe 3820 State Street Santa Barbara, CA 93105
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3. Date Incorporated or Qualified 8/30/76	3a. Date of Last Report 1996
4. FEI Number 95-2111054	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

C T Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael H. Focht, Sr.	12 NAME	
STREET ADDRESS	3820 State Street	13 STREET ADDRESS	
CITY-STATE-ZIP	Santa Barbara, CA 93105	14 CITY-STATE-ZIP	200002158852--B
TITLE	EVP/ CFO	21 TITLE	-04/29/97--04089--020 addition
NAME	Trevor Fetter	22 NAME	****165.00 ****165.00
STREET ADDRESS	3820 State Street	23 STREET ADDRESS	
CITY-STATE-ZIP	Santa Barbara, CA 93105	24 CITY-STATE-ZIP	
TITLE	SVP/S/D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott M. Brown	32 NAME	
STREET ADDRESS	3820 State Street	33 STREET ADDRESS	
CITY-STATE-ZIP	Santa Barbara, CA 93105	34 CITY-STATE-ZIP	
TITLE	V/T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terence P. McMullen	42 NAME	
STREET ADDRESS	3820 State Street	43 STREET ADDRESS	
CITY-STATE-ZIP	Santa Barbara, CA 93105	44 CITY-STATE-ZIP	
TITLE	AS	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alan Lundgren	52 NAME	
STREET ADDRESS	3820 State Street	53 STREET ADDRESS	
CITY-STATE-ZIP	Santa Barbara, CA 93105	54 CITY-STATE-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  Scott M. Brown, Secretary 4/25/97 805/563-7075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)