

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

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AND
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1998 MAR -9 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 836991 (0)

1. Corporation Name
TENET HEALTHSYSTEM MEDICAL, INC.

Principal Place of Business
3820 STATE STREET
SANTA BARBARA CA 93105
US

Mailing Address
% MARY YUMIBE
3820 STATE STREET
SANTA BARBARA CA 93105
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
08/30/1976

4. FEI Number

95-2111054

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FOCHT, MICHAEL H SR.
3820 STATE STREET
SANTA BARBARA CA 93105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
FETTER, TREVOR
3820 STATE STREET
SANTA BARBARA CA 93105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
BROWN, SCOTT M
3820 STATE STREET
SANTA BARBARA CA 93105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
MCMULLEN, TERENCE P
3820 STATE STREET
SANTA BARBARA CA 93105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
LUNDGREN, ALAN
3820 STATE STREET
SANTA BARBARA CA 93105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
FETTER, TREVOR
3820 STATE STREET
SANTA BARBARA CA 93105

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
300002451713-5
-03/10/98--01023--011
****150.00 ****150.00

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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
3/24/98
905/562-7075

CR2E034 (10/97)