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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **836991**

1. Corporation Name

TENET HEALTHSYSTEM MEDICAL, INC.

Principal Place of Business	Mailing Address
3820 STATE STREET SANTA BARBARA CA 93105 US	% MARY YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105 US

DO NOT WRITE IN THIS SPACE

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

7. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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 of applicable (Note: Registered Agent's signature required) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	[ ] DELETE	11 TITLE [ ] Change [ ] Addition
NAME	FOCHT, MICHAEL H SR.		12 NAME
STREET ADDRESS	3820 STATE STREET		13 STREET ADDRESS
CITY-ST-ZIP	SANTA BARBARA CA 93105		14 CITY ST ZIP
TITLE	EVP	[ ] DELETE	21 TITLE [ ] Change [ ] Addition
NAME	FETTER, TREVOR		22 NAME
STREET ADDRESS	3820 STATE STREET		23 STREET ADDRESS
CITY-ST-ZIP	SANTA BARBARA CA 93105		24 CITY ST ZIP
TITLE	VSD	[X] DELETE	31 TITLE DVS [ ] Change [X] Addition
NAME	BROWN, SCOTT M		32 NAME Rocjard B. Silver
STREET ADDRESS	3820 STATE STREET		33 STREET ADDRESS 3820 State Street
CITY-ST-ZIP	SANTA BARBARA CA 93105		34 CITY ST ZIP Santa Barbara, CA 93105
TITLE	VT	[ ] DELETE	41 TITLE [ ] Change [ ] Addition
NAME	MCMULLEN, TERENCE P		42 NAME
STREET ADDRESS	3820 STATE STREET		43 STREET ADDRESS
CITY-ST-ZIP	SANTA BARBARA CA 93105		44 CITY ST ZIP
TITLE	AS	[X] DELETE	51 TITLE AS [ ] Change [X] Addition
NAME	LUNDGREN, ALAN		52 NAME Caitlin M. Larsen
STREET ADDRESS	3820 STATE STREET		53 STREET ADDRESS 3820 State Street
CITY-ST-ZIP	SANTA BARBARA CA 93105		54 CITY ST ZIP Santa Barbara, CA 93105
TITLE	CFO	[ ] DELETE	61 TITLE [ ] Change [ ] Addition
NAME	FETTER, TREVOR		62 NAME
STREET ADDRESS	3820 STATE STREET		63 STREET ADDRESS
CITY-ST-ZIP	SANTA BARBARA CA 93105		64 CITY ST ZIP

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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, with all other like empowered.

SIGNATURE: Caitlin Larsen Caitlin M. Larsen, Asst. Sec. 4/12/99 805/563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #