


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # 836991 |  |
| 1. Entity Name TENET HEALTHSYSTEM MEDICAL, INC. | |

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| Principal Place of Business 13737 NOEL ROAD STE 100 DALLAS, TX 75240 US | Mailing Address 13737 NOEL ROAD STE 100 DALLAS, TX 75240 US |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

FILED
07 APR -3 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



61122007 Chg-P CR2E034 (12/06)

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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FETTER, TREVOR 13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 600096381278 <input type="checkbox"/> Addition 04/11/07--01004--007 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS LARSEN, CAITLIN M 13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SHERMAN, JEFFREY S 13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS MACK, KRISTINA A 13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated of the co changed

SIGNATURE *Kristina A. Mack* Kristina A. Mack, Asst Sec, 3/28/07
Phone 469-893-2701

Date _____ Daytime Phone # _____