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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 # 853021 (4)
1. Corporation Name
TENET HEALTHSYSTEM HOSPITALS, INC.

Principal Place of Business 2700 COLORADO AVENUE P.O. BOX 4070 SANTA MONICA CA 90404	Mailing Address 2700 COLORADO AVENUE P.O. BOX 4070 SANTA MONICA CA 90404-3521
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2. Principal Place of Business 21 3820 State Street Suite, Apt. #, etc.	2a. Mailing Address 26 c/o Mary H. Yumibe Suite, Apt. #, etc.
22 Santa Barbara, CA City & State	27 3820 State Street City & State
23 93105 Zip USA Country	28 93105 Zip USA Country

3. Date Incorporated or Qualified 06/01/1982	3a. Date of Last Report 01/29/1996
4. FEI Number 95-3720659	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	

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. 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 800002063418-6
-01/21/97--01044--021
84 City ***165.00 FL ***165.00

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	SCHOCHET, BARRY
STREET ADDRESS	2700 COLORADO AVE
CITY-ST-ZIP	SANTA MONICA CA 90404
TITLE	SVP <input type="checkbox"/> DELETE
NAME	MATHIASSEN, RAYMOND L
STREET ADDRESS	2700 COLORADO AVE
CITY-ST-ZIP	SANTA MONICA CA 90404
TITLE	SVPD <input type="checkbox"/> DELETE
NAME	BROWN, SCOTT M
STREET ADDRESS	2700 COLORADO AVE
CITY-ST-ZIP	SANTA MONICA CA 90404
TITLE	T <input type="checkbox"/> DELETE
NAME	MCMULLEN, TERENCE P
STREET ADDRESS	2700 COLORADO AVE
CITY-ST-ZIP	SANTA MONICA CA 90404
TITLE	AS <input type="checkbox"/> DELETE
NAME	SILVER, RICHARD B
STREET ADDRESS	2700 COLORADO AVE
CITY-ST-ZIP	SANTA MONICA CA 90404
TITLE	AT <input checked="" type="checkbox"/> DELETE
NAME	ANDERSONS, MARIS
STREET ADDRESS	2700 COLORADO AVE
CITY-ST-ZIP	SANTA MONICA CA 90404

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	14001 Dallas Parkway
1.4 CITY-ST-ZIP	Dallas, TX 75240
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3820 State Street
2.4 CITY-ST-ZIP	Santa Barbara, CA 93105
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3820 State Street
3.4 CITY-ST-ZIP	Santa Barbara, CA 93105
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	3820 State Street
4.4 CITY-ST-ZIP	Santa Barbara, CA 93105
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	3820 State Street
5.4 CITY-ST-ZIP	Santa Barbara, CA 93105
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Asst. Secretary
6.3 STREET ADDRESS	Alan Lundgren
6.4 CITY-ST-ZIP	3820 State Street Santa Barbara, CA 93105

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: Alan Lundgren Alan Lundgren, Asst. Sec'y 1/16/97 805/563-7075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

Handwritten signature and date
1/21/97