



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 853021</b> 1. Entity Name <b>TENET HEALTHSYSTEM HOSPITALS, INC.</b>						<div style="transform: rotate(-15deg);"> <b>FILED</b>  <b>05 APR 28 PM 12:44</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div>	
Principal Place of Business <b>3820 STATE STREET</b> <b>SANTA BARBARA, CA 93105</b>				Mailing Address <b>% SHERIE SMITH</b> <b>3820 STATE STREET</b> <b>SANTA BARBARA, CA 93105</b>			
2. Principal Place of Business <b>13737 Noel Road</b>		3. Mailing Address <b>13737 Noel Road</b>					
Suite, Apt. #, etc. <b>Suite 100</b>		Suite, Apt. #, etc. <b>Suite 100</b>					
City & State <b>Dallas, TX</b>		City & State <b>Dallas, TX</b>					
Zip <b>75240</b>		Country <b>USA</b>		Zip <b>75240</b>		Country <b>USA</b>	
4. FEI Number <b>95-3720659</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				State <b>FL</b> Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>JENNINGS, REYNOLD J</b> <b>3350 RIVERWOOD PARKWAY., STE 1800</b> <b>ATLANTA, GA 30339</b>			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DS</b> <b>LARSEN, CAITLIN M</b> <b>3820 STATE STREET</b> <b>SANTA BARBARA, CA 93105</b>			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>DENT, DENNIS L</b> <b>3820 STATE STREET</b> <b>SANTA BARBARA, CA 93105</b>			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS</b> <b>MACK, KRISTINA A</b> <b>3820 STATE STREET</b> <b>SANTA BARBARA, CA 93105</b>			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<div style="text-align: center;"> <b>600054229486</b>  <b>05/10/05--01048--007 **150.00</b> </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete						
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE: Kristina A. Mack</b> <b>Kristina A. Mack, Asst. Secretary</b> <b>3/10/05</b> <b>805-563-7000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							

805-563-7000 APR 28 2005