

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 853021

1. Entity Name
TENET HEALTHSYSTEM HOSPITALS, INC.



FILED

07 APR -6 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13737 NOEL ROAD
SUITE 100
DALLAS, TX 75240

Mailing Address
13737 NOEL ROAD
SUITE 100
DALLAS, TX 75240

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



04122007

Chg-P

CR2E034 (12/06)

4. FEI Number
95-3720659

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME JENNINGS, REYNOLD J
STREET ADDRESS 13737 NOEL ROAD, SUITE 100
CITY-ST-ZIP DALLAS, TX 75240

TITLE DS ☐ Delete
NAME LARSEN, CAITLIN M
STREET ADDRESS 13737 NOEL ROAD, SUITE 100
CITY-ST-ZIP DALLAS, TX 75240

TITLE T ☐ Delete
NAME SHERMAN, JEFFREY S
STREET ADDRESS 13737 NOEL ROAD, SUITE 100
CITY-ST-ZIP DALLAS, TX 75240

TITLE AS ☐ Delete
NAME MACK, KRISTINA A
STREET ADDRESS 13737 NOEL ROAD, SUITE 100
CITY-ST-ZIP DALLAS, TX 75240

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 800096441568
STREET ADDRESS 04/11/07--01018--001 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 119, Florida Statutes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Caitlin Larsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Caitlin Larsen, Secretary/Director 1/22/07
469-893-2701