10/27/2014 11:16:46 From: (o:

Division of Corporations

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Page 1 of 1

## Florida Department of State

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### COR AMND/RESTATE/CORRECT OR O/D RESIGN TENET HEALTHSYSTEM HOSPITALS, INC.

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October 27, 2014

#### FLORIDA DEPARTMENT OF STATE

TENET HEALTHSYSTEM HOSPITALS, INC. 1445 ROSS AVE STE 1400 ATTN: DONNA JARRELL DALLAS, TX 75202US

SUBJECT: TENET HEALTHSYSTEM HOSPITALS, INC.

REF: 853021

dale of submission 10/24

We received your electronically transmitted document. Bowever, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Annette Ramsey Regulatory Specialist II FAX Aud. #: H14000249147 Letter Number: 714A00022901

#### **COVER LETTER**

| Division of Co  |  |  |  |  |
|---|--|--|--|--|
| SUBJECT:  |  | Tenet HealthSystem Hospitals, Inc.   |  |  |
|   | Name                                       | of Corporation   |  |  |
| DOCUMENT NUM  | BER:                                       | 853021   |  |  |
| The enclosed Amend  | ment and fee are submi                     | itted for filing.  |  |  |
| Please return all corre   | spondence concerning                       | this matter to the following:  |  |  |
| Kristina A. Mack  |  |  |  |  |
| Nan   | e of Contact Person                        |  |  |  |
| Tenet HealthSystem Hosp   |  | ,  |  |  |
|   | Firm/Company                               |  |  |  |
| 1445 Ross Avenue, Suite   | 1400                                       | •  |  |  |
|   | Address                                    |  |  |  |
| Dallas, Texas 75202   |  |  |  |  |
| Cit   | y/State and Zip Code                       | <del></del>  |  |  |
| glynda.siowart@tenethea   | kh.com                                     |  |  |  |
| E-mail address: (to   | be used for future annu                    | al report notification)  |  |  |
| For further information   | on concerning this matt                    | er, please call:   |  |  |
| Sara Frederick  |  | at (214 932-3685<br>Area Code & Daytime Telephone Number   |  |  |
| Name of Con   | tact Person                                | Area Code & Daytime Telephone Number   |  |  |
| Enclosed is a check for   | or the following amour                     | nt:  |  |  |
| \$35.00 Filling Fee   | \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) |  |  |
| Mailing Address:<br>Amendment Section<br>Division of Corporati<br>P.O. Box 6327<br>Tallahassee, FL 3231 |  | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle                           |  |  |
|   |  | Tallahanna El 22201  |  |  |

# PROFIT CORPORATION

| APPLICATION BY FOREIGN PROFIT OF   | N TO TRANSACT BUSINESS PLORE   | PTO<br>DA      |
|--|--|----------------|
| (Pursuant to   | s. 607.1504, F.S.)   | =              |
|  | - 1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (  | ร์             |
| SEC  | TION I   | 3 =            |
| (1-3 MUST E  | DE COMPLETED)  | 00134 <b>8</b> |
| 8  | 53021  | <b>3</b> C     |
| (Document number   | of corporation (if known)  | <del></del>    |
|  | ORI<br>R   | <u>გ</u><br>ბ  |
| 1. Tenet HealthSystem Hospitals, Inc.  | $\mathcal{Q}^{(n)}$  |                |
| (Name of corporation as it appears of  | n the records of the Department of State)  |                |
| 2 Delaware   | ·  |                |
| (Incorporated under laws of)   | 3. 6/1/1982<br>(Date muthorized to do business in Florida)   |                |
| (meorpolatea maer laws or)   | (Date sufficinzed to do business in Piprida)   |                |
|  |  |                |
| , SEC  | TION II  |                |
|  | HE APPLICABLE CHANGES)   |                |
| •  | ·····  |                |
| 4. If the amendment changes the name of the corporation  | , when was the change effected under the laws of   |                |
| its jurisdiction of incorporation? 10/14/2014  | _  |                |
| •  | <del></del>  |                |
| 5. Healthcare Network Hospitals, Inc.  |  |                |
| (Name of corporation after the amendment, adding sui<br>appropriate abbreviation, if not contained in new name   | itix "corporation," "company," or "incorporated," or   |                |
| -FF  | or mo corporationy   |                |
| (If new name is unavailable in Florida, enter alternate of business in Florida)  | corporate name adopted for the purpose of transacting  | g              |
| 6. If the amendment changes the period of duration, indie  | note now period of direction   |                |
| o. If the amendment changes the period of duration, mak  | cate new period of duration.   |                |
|  |  |                |
| (New   | duration]  |                |
| 7. If the amendment changes the jurisdiction of incorpora  | tion indicate new installetion   |                |
| 7. If the amendment changes the jurisdiction of incorpora  | mon, indicate new jurisdiction.  |                |
| New is   | urisdiction)   |                |
| •  | •  | 49             |
| <ol> <li>Attached is a certificate or document of similar import<br/>90 days prior to delivery of the application to the Depa<br/>having custody of corporate records in the jurisdiction</li> </ol> | , evidencing the amendment, authenticated not more rument of State, by the Secretary of State or other off under the laws of which it is incorporated. | icial          |
| Kunting A. Mareli  |  |                |
| (Signature of a director, president or other officer - if in it of a receiver or other court appointed fiduciary, by that fi   |  |                |
| Kristina A. Mack   | Secretary  |                |
| (Typed or printed name of person signing)  | (Title of person signing)  |                |
| · · · · · · · · · · · · · · · · · ·  | ****** ** * ****** *******************   |                |

# Delaware

DACP 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "TENET HEALTHSYSTEM

HOSPITALS, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO "HEALTHCARE NETWORK HOSPITALS, INC.", THE FOURTEENTH DAY

OF OCTOBER, A.D. 2014, AT 2:31 O'CLOCK P.M.

0933942 8320

141329328

You may vorify this certificate online

jeffrey W. Bullock, Secretary of State

DATE: 10-23-14