

10/27/2014 11:16:46 From: To: 8506176380

(1/5)

Division of Corporations

Page 1 of 1

853021

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850) 617-6380

RE-SUBMIT

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Please enter the
date of submission 10/24

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

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

Certificate of Status	0
Certified Copy	0
Page Count	045
Estimated Charge	\$35.00

RECEIVED
14 OCT 27 AM 11:51
FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2014 OCT 24 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/28/14

10/27/2014 11:16:46 From: To: 8506176380

(2/5)

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10/27/2014 10:59:24 AM PAGE 1/001 Fax Server



October 27, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

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

RE-SUBMIT

Please re-submit by filing
date of submission 10/24

SUBJECT: TENET HEALTHSYSTEM HOSPITALS, INC.
REF: 853021

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

Please correct the original filing date on line #3 to 6-1-1982.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

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Letter Number: 714A00022901

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14 OCT 27 AM 11:51

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tenet HealthSystem Hospitals, Inc.
Name of Corporation

DOCUMENT NUMBER: 853021

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristina A. Mack
Name of Contact Person

Tenet HealthSystem Hospitals, Inc.
Firm/Company

1445 Ross Avenue, Suite 1400
Address

Dallas, Texas 75202
City/State and Zip Code

glynda.stewart@tenethealth.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara Frederick at 214 932-3685
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
|---|---|--|---|

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Delaware

PAGE 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 verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1806536

DATE: 10-23-14