

Division of Corporations

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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

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

RE-SUBMIT

Please include the original
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
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
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)

850-617-8381

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 the 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

FAX Aud. #: H14000249147
Letter Number: 714A00022901

RECEIVED

14 OCT 27 AM 11:51

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:

- \$35.00 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$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

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

853021

(Document number of corporation (if known))

1. Tenet HealthSystem Hospitals, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Delaware

(Incorporated under laws of)

3. 6/1/1982

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE 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

5. Healthcare Network Hospitals, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Kristina A. Mack

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Kristina A. Mack

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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