

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A05137

1. Entity Name

TENET FLORIDA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 PM 1:11

Principal Place of Business

Mailing Address

% MARY H. YUMIBE

% MARY H. YUMIBE

3820 STATE STREET

3820 STATE STREET

SANTA BARBARA CA 93105

SANTA BARBARA CA 93105-3112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1680988

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATOIN SYSTEM
1200 SOUTH 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$812,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # 500122
NAME BROOKWOOD MED. CTR TAMPA
STREET ADDRESS 2901 SWANN AVENUE
CITY - ST - ZIP TAMPA FL

STREET ADDRESS

CITY - ST - ZIP

400003217414--2

-04/21/00--01003--019

****437.50 ****437.50

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

400003217414--2

-04/21/00--01003--020

*****88.75 *****88.75

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Brookwood Medical Center of Tampa, Inc. - GP

SIGNATURE: By

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Asst. Secretary

4/11/00

Date

805/563-7075

Daytime Phone #