SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 AUG 26 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000002807 (5)**

1. Corporation Name
TENET SPECIALTY OPERATIONS, INC.

Principal Place of Business	Mailing Address
2700 COLORADO AVE. SUITE 200 SANTA MONICA CA 90404 US	2700 COLORADO AVE. SUITE 200 SANTA MONICA CA 90404 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1994	3a. Date of Last Report: 01/29/1996
4. FEI Number: 75-2533265	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 3820 State Street	26 c/o Mary H. Yumibe
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27 3820 State Street
City & State: 23 Santa Barbara, CA	City & State: 28 Santa Barbara, CA
Zip: 24 93105 Country: 25 USA	Zip: 29 93105 Country: 30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 100002277581--9 -08/26/97--01052--023
84 City ****550.00 PL 85 Zip Code ****550.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DSVP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BROWN, SCOTT M.		1.2 NAME		
STREET ADDRESS	2700 COLORADO AVE.		1.3 STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	SANTA MONICA CA		1.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE	P	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	FOCHT, MICHAEL H.		2.2 NAME		
STREET ADDRESS	2700 COLORADO AVE.		2.3 STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	SANTA MONICA CA		2.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE	EVP	☒ DELETE	3.1 TITLE	Trevor Fetter	☐ Change ☒ Addition
NAME	MACKEY, THOMAS B.		3.2 NAME	3820 State Street	
STREET ADDRESS	2700 COLORADO AVE.		3.3 STREET ADDRESS	Samta Barbara, CA 93105	
CITY-ST-ZIP	SANTA MONICA CA		3.4 CITY-ST-ZIP		
TITLE	VPT	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	MCMULLEN, TERENCE P.		4.2 NAME		
STREET ADDRESS	2700 COLORADO AVENUE		4.3 STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	SANTA MONICA CA		4.4 CITY-ST-ZIP	Santa Monica, CA 93105	
TITLE	EVP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SMITH W. RANDOLPH		5.2 NAME		
STREET ADDRESS	14001 DALLAS PARKWAY, STE. 200		5.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX		5.4 CITY-ST-ZIP		
TITLE	VPAS	☒ DELETE	6.1 TITLE	Asst.Secretary	☐ Change ☒ Addition
NAME	SABATINO, THOMAS J.		6.2 NAME	Alan Lundgren	
STREET ADDRESS	14001 DALLAS PARKWAY, STE. 200		6.3 STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	DALLAS TX		6.4 CITY-ST-ZIP	Santa Barbara, CA 93105	

CR2E034 (4/97)

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED Alan Lundgren 8/12/97 805/563-7075