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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003025 (3)**

1. Corporation Name
TENET SYSTEM SERVICES, INC.



Principal Place of Business
**2700 COLORADO AVE.
SANTA MONICA CA 90404
US**

Mailing Address
**2700 COLORADO AVE.
SANTA MONICA CA 90404-3521
US**

3. Date Incorporated or Qualified **06/09/1994** 3a. Date of Last Report **01/29/1996**

4. FEI Number **75-2542268** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 **3820 State Street**
Suite, Apt #, etc.

22 City & State

23 **Santa Barbara, CA**

24 **93105** 25 **USA**

2a. Mailing Address

26 **c/o Mary H. Yumibe**
Suite, Apt #, etc.

27 **3820 State Street**

City & State

28 **Santa Barbara, CA**

29 **93105** 30 **USA**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

300002063423--1
01/21/97-01/21/97
******165.00 ****165.00**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DSVP** ☐ DELETE
NAME **BROWN, SCOTT M**
STREET ADDRESS **2700 COLORADO AVE**
CITY-ST-ZIP **SANTA MONICA CA**

TITLE **P** ☐ DELETE
NAME **FOCHT, MICHAEL H SR**
STREET ADDRESS **2700 COLORADO AVE**
CITY-ST-ZIP **SANTA MONICA CA**

TITLE **EVP** ☐ DELETE
NAME **MACKEY, THOMAS B**
STREET ADDRESS **2700 COLORADO AVE**
CITY-ST-ZIP **SANTA MONICA CA**

TITLE **VPT** ☐ DELETE
NAME **MCMULLEN, TERENCE P**
STREET ADDRESS **2700 COLORADO AVE**
CITY-ST-ZIP **SANTA MONICA CA**

TITLE **EVP** ☐ DELETE
NAME **SMITH, W. R**
STREET ADDRESS **14001 DALLAS PARKWAY, STE. 200**
CITY-ST-ZIP **DALLAS TX**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **3820 State Street**
1.4 CITY-ST-ZIP **Santa Barbara, CA 93105**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **3820 State Street**
2.4 CITY-ST-ZIP **Santa Barbara, CA 93105**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **2011 Palomar Airport Rd.**
3.4 CITY-ST-ZIP **Carlsbad, CA 92009**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **3820 State Street**
4.4 CITY-ST-ZIP **Santa Barbara, CA 93105**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **Asst. Secretary**
6.3 STREET ADDRESS **Alan Lundgren**
6.4 CITY-ST-ZIP **3820 State Street**
Santa Barbara, CA 93105

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:

Alan Lundgren, Asst. Sec'y
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97
Date

805/563-7075
Daytime Phone

CR2E034 (9/96)