

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000003025

1. Corporation Name

TENET SYSTEM SERVICES, INC.

Principal Place of Business

3820 STATE STREET
SANTA BARBARA CA 93105
US

Mailing Address

C/O MARY H. YUMIBE
3820 STATE STREET
SANTA BARBARA CA 93105

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL 85 Zip Code

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 board approval

(NOTE: Registered Agent Signature is required for all changes)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DSVP

NAME

BROWN, SCOTT M

STREET ADDRESS

3820 STATE STREET

CITY-STATE-ZIP

SANTA BARBARA CA 93105

TITLE

P

NAME

FOCHT, MICHAEL H SR

STREET ADDRESS

3820 STATE STREET

CITY-STATE-ZIP

SANTA BARBARA CA 93105

TITLE

EVP

NAME

MACEY, THOMAS B

STREET ADDRESS

2011 PALOMAR AIRPORT RD.

CITY-STATE-ZIP

CARLSBAD CA 92009

TITLE

VPT

NAME

MC MULLEN, TERENCE P

STREET ADDRESS

3820 STATE STREET

CITY-STATE-ZIP

SANTA BARBARA CA 93105

TITLE

EVP

NAME

SMITH, W. R

STREET ADDRESS

14001 DALLAS PARKWAY, STE. 200

CITY-STATE-ZIP

DALLAS TX

TITLE

AS

NAME

LUNDGREN, ALAN

STREET ADDRESS

3820 STATE STREET

CITY-STATE-ZIP

SANTA BARBARA CA 93105

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE:

Caitlin M. Larsen

Caitlin M. Larsen, Asst. Sec.

4/12/99

805/563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE OF FILING

055009

CR2E034 (11/98)