## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED DOCUMENT # F97000003345 1. Entity Name 06 HAR 17 PM 3: 13 TENÉT HEALTHSYSTEM CM, INC. BECHETALY OF STATE TALL AHASSEE, FLORIBA Principal Place of Business Mailing Address 13737 NOEL ROAD 13737 NOEL ROAD **STE 100** STE 100 DALLAS, TX 75240 DALLAS, TX 75240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 02212006 Chg-P City & State Applied For City & State 4. FEI Number 75-2698302 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SO PINE ISLAND RD PLANTATION, FL 33324 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DS TITI F ☐ Delete TITLE DS Change ☐ Addition LARSEN, CAITLIN M NAME NAME Larsen, Caitlin STREET ADDRESS 3820 STATE ST STREET ADDRESS 13737 Noel\_Rd\_Ste 100 SANTA BARBARA, CA 93105 CITY-ST-7IP CITY-ST-ZIP <u> Dallas tX 75240</u> TITLE ☐ Delete Change Ch TITLE ☐ Addition PULLEN, TIMOTHY L NAME NAME Pullen, Timothy L STREET ADDRESS 13737 NOEL ROAD., STE 100 STREET ADDRESS 13737 Noel Rd Ste 100 Dallas tX 75240 DALLAS, TX 75240 CITY-\$1-ZIP CITY-ST-ZIP TITLE Delete TITLE X Change ☐ Addition DENT, DENNIS L NAME NAME Sherman, Jeffrey S STREET ADDRESS 3820 STATE ST STREET ADDRESS 13737 Noel Rd Ste 100 Dallas TX 75240 CITY-ST-ZIP SANTA BARBARA, CA 93105 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE **★**Change AS MACK, KRISTINA A NAME NAME Mack, Kristina A STREET ADDRESS 3820 STATE ST STREET ADDRESS 13737 Noel rd Ste 100 Dallas TX 75240 CITY-ST-ZIP SANTA BARBARA, CA 93105 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME 500068544215 STREET ADDRESS STREET ADDRESS 03/23/06--01052--001 **\*\*150.00** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attach that my name appears with all other like empowered. Caltlin Larsen 2/23/06 SIGNATURE: