

2002 UNIFORM BUSINESS REPORT (UBR)

0016822

DOCUMENT # L01000006736

1. Entity Name

TENET KIMMEL, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 SEP 12 PM 12:58

WR 9/13

Principal Place of Business

Mailing Address

3820 STATE STREET
SANTA BARBARA CA 93105

3820 STATE STREET
SANTA BARBARA CA 93105

2. Principal Place of Business

3820 State Street

3. Mailing Address

3820 State Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Santa Barbara, CA

City & State

Santa Barbara, CA

4. FEI Number

75-2936945

Applied For

Not Applicable

Zip

93105

Country

USA

Zip

93105

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION 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. 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)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 25, 2002

100007798181--8

-09/17/02--01040--010

*****50.00 *****50.00

9. MANAGING MEMBERS (MANAGERS)

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Tenet HealthSystem Medical, Inc.
3820 State Street
Santa Barbara, CA 93105

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Richard B. Silver

Richard B. Silver

9/5/02

805-563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)