

2002 UNIFORM BUSINESS REPORT (UBR)

05/13/05 AV

APPROVED
AND
FILED

02 MAR 27 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



JP

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000035382
 1. Entity Name
TENET GOOD SAMARITAN, INC.

Principal Place of Business: **3820 STATE ST. SANTA BARBARA CA 93105**
 Mailing Address: **3820 STATE ST. SANTA BARBARA CA 93105**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: **75-2932824**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
100005183591--S
-04/02/02--01059--006
 City: ******150.0FL ****150.00**

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.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE: D NAME: SILVER, RICHARD B STREET ADDRESS: 3820 STATE ST. CITY-ST-ZIP: SANTA BARBARA CA 93105	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DVS NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: Mark H. Bryan STREET ADDRESS: 1309 N. Flagler Drive CITY-ST-ZIP: West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V NAME: Lawrence G. Hixon STREET ADDRESS: 3820 State Street CITY-ST-ZIP: Santa Barbara, CA 93105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: Dennis L. Dent STREET ADDRESS: 3820 State Street CITY-ST-ZIP: Santa Barbara, CA 93105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: AS NAME: Caitlin M. Larsen STREET ADDRESS: 3820 State Street CITY-ST-ZIP: Santa Barbara, CA 93105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard B. Silver* **Richard B. Silver, Sec'y** **3/12/02** **805/563-7075**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

CT CORPORATION

CORPORATION(S) NAME

17) Tenet Good Samaritan, Inc.

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input checked="" type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

3/27/02

Order#: 5228498

Ref#: _____

Amount: \$ _____

TALLAHASSEE, FL 32301
 DIVISION OF CORPORATIONS
 DEPARTMENT OF STATE

02 MAR 27 PM 3:05

RECEIVED

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615