

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P06768 (6)
1. Corporation Name
TENET HEALTHCARE CORPORATION

Principal Place of Business
3820 STATE STREET
SANTA BARBARA CA 93105

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

FILED

98 MAR -4 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/17/1985

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		95-2557091		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO	1.1 TITLE	☐ Change ☐ Addition
NAME	BARBAKOW, JEFFREY C	1.2 NAME	
STREET ADDRESS	3820 STATE STREET	1.3 STREET ADDRESS	1 00002448661--4
CITY-ST-ZIP	SANTA BARBARA CA 93105	1.4 CITY-ST-ZIP	-03/05/98--01114--012
TITLE	SVGS	2.1 TITLE	****150.00 ****150.00
NAME	BROWN, SCOTT M.	2.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	3820 STATE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	2.4 CITY-ST-ZIP	
TITLE	PCOF	3.1 TITLE	☐ Change ☐ Addition
NAME	FOCHT, MICHAEL H SR.	3.2 NAME	
STREET ADDRESS	3820 STATE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	3.4 CITY-ST-ZIP	
TITLE	SPCE	4.1 TITLE	☐ Change ☐ Addition
NAME	MATHIASSEN, RAYMUND L	4.2 NAME	
STREET ADDRESS	3820 STATE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: _____ Scott M. Brown 3/4/98 805/563-7075

CR2E034 (10/97)