

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 # **P06768**

1. Corporation Name
TENET HEALTHCARE CORPORATION

Principal Place of Business

**3820 STATE STREET
SANTA BARBARA CA 93105**

Mailing Address

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

2. Principal Place of Business

21	Suite, Apt. #, etc.
22	City & State
23	Zip
24	Country

2a. Mailing Address

26	Suite, Apt. #, etc.
27	City & State
28	Zip
29	Country

9. Name and Address of Current Registered Agent

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

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 tax ID, if applicable.

(NOTE: Registered Agent must be a resident of the State of Florida.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CCEO	[] DELETE
NAME	BARBAKOW, JEFFREY C	
STREET ADDRESS	3820 STATE STREET	
CITY-STATE-ZIP	SANTA BARBARA CA 93105	
TITLE	SVGS	[X] DELETE
NAME	BROWN, SCOTT M.	
STREET ADDRESS	3820 STATE STREET	
CITY-STATE-ZIP	SANTA BARBARA CA 93105	
TITLE	PCOF	[] DELETE
NAME	FOCHT, MICHAEL H SR.	
STREET ADDRESS	3820 STATE STREET	
CITY-STATE-ZIP	SANTA BARBARA CA 93105	
TITLE	SPCE	[] DELETE
NAME	MATHIASSEN, RAYMUND L	
STREET ADDRESS	3820 STATE STREET	
CITY-STATE-ZIP	SANTA BARBARA CA 93105	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
15 TITLE	[] Change [X] Addition
16 NAME	VS
17 STREET ADDRESS	Richard B. Silver
18 CITY-STATE-ZIP	3820 State Street
19 TITLE	
20 NAME	Santa Barbara, CA 93105
21 STREET ADDRESS	
22 CITY-STATE-ZIP	
23 TITLE	[] Change [] Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	
27 TITLE	
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
35 TITLE	
36 NAME	
37 STREET ADDRESS	
38 CITY-STATE-ZIP	
39 TITLE	
40 NAME	
41 STREET ADDRESS	
42 CITY-STATE-ZIP	
43 TITLE	
44 NAME	
45 STREET ADDRESS	
46 CITY-STATE-ZIP	
47 TITLE	
48 NAME	
49 STREET ADDRESS	
50 CITY-STATE-ZIP	

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:

Richard B. Silver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard B. Silver, Secretary

4/12/99

805/563-7075

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