

2000 UNIFORM BUSINESS REPORT (UBR)

0579065

DOCUMENT # P06768

1. Entity Name

TENET HEALTHCARE CORPORATION

FILED

00 APR 28 PM 1:54

Principal Place of Business

3820 STATE STREET
SANTA BARBARA CA 93105

Mailing Address

C/O MARY H. YUMIBE
3820 STATE STREET
SANTA BARBARA CA 93105-3112

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-2557091

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 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 RD.
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CCEO
BARBAKOW, JEFFREY C
3820 STATE STREET
SANTA BARBARA CA 93105 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500003237115--0
-05/03/00--01076--008
***150.00 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
SILVER, RICHARD B
3820 STATE STREET
SANTA BARBARA CA 93105 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCOF
FOCHT, MICHAEL H SR.
3820 STATE STREET
SANTA BARBARA CA 93105 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Office of President/COO
Thomas B. Mackey
3820 State Street
Santa Barbara, CA 93105 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SPCE
MATHIASSEN, RAYMUND L
3820 STATE STREET
SANTA BARBARA CA 93105 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
Raymond L. Mathiasen ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Office of President/CCO/CFO
David L. Dennis
3820 State Street
Santa Barbara, CA 93105 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Printed Name Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

4/12/00

Date

805/563-7075

Daytime Phone #

CR2E034 (9/99)