2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 8:00 A.M.
Secretary of State

DOCUMENT # P06768

1. Entity Name
TENET HEALTHCARE CORPORATION

Principal Place of Business	Mailing Address
3820 STATE STREET SANTA BARBARA, CA 93105	C/O Sherrie Smith 3820 STATE STREET SANTA BARBARA, CA 93105

01062004 Chg-P CR2E034 (10/03)

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

4. FEI Number 95-2557091 ☐ Applied For ☐ Not Applicable

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. 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 $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. 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	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO/President/Director Trevor Fetter 3820 State Street Santa Barbara, CA 93105	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS SILVER, RICHARD B 3820 STATE STREET SANTA BARBARA, CA 93105	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary E. Peter Urbanowicz 3820 State Street Santa Barbara, CA 93105	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EV MATHIASEN, RAYMOND L 3820 STATE STREET SANTA BARBARA, CA 93105	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Lawrence G. Hixon 3820 State Street Santa Barbara, CA 93105	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO SULZBACH, CHRISTI R 3820 STATE STREET SANTA BARBARA, CA 93105	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200029822942 03/03/04--01062--001 **17636.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO FARBER, STEPHEN D 3820 STATE STREET SANTA BARBARA, CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Lawrence G. Hixon, VP 2/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #