2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

LIARY OF STATE DOCUMENT # P06768 TSION OF CORPORATIO. 1. Entity Name TENET HEALTHCARE CORPORATION 06 MAR 17 AH 8: 26 Principal Place of Business Mailing Address 13737 NOEL ROAD 13737 NOEL ROAD SUITE 100 SUITE 100 DALLAS, TX 75240 DALLAS, TX 75240 2. Principal Place of Business 3. Mailing Address Attn: Donna Jarrell Suite, Apt. #, etc. Suite, Apt. #, etc 02212006 Chg-P CR2E034 (11/05) 3737 Noel Rd Ste 100 City & State City & State 4. FEI Number Applied For Dallas TX 95-2557091 Not Applicable \$8.75 Additional Zip Country 75240 Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 City 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE CEO TITLE ☐ Change ☐ Addition ☐ Delete FETTER, TREVOR NAME NAME STREET ADDRESS 13737 NOEL ROAD STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75240 CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Change Addition FETTER, TREVOR 400068543984 03/23/06--01051--021 **150.00 NAME NAME 13737 NOEL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75240 CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME URBANOWICZ, E P NAME STREET ADDRESS 13737 NOEL ROAD STREET ADDRESS DALLAS, TX 75240 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Addition AS ☐ Change MACK, KRISTINA A NAME NAME STREET ADDRESS 13737 NOEL ROAD STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75240 CITY-ST-ZIP TITLE **CFO** X Delete TITLE ☐ Addition ☐ Change SHAPARD, ROBERT S NAME NAME STREET ADDRESS 13737 NOEL ROAD STREET ADDRESS CITY-ST-ZIP **DALLAS, TX 75240** CITY-ST-ZIP AS Oelete Change TITLE TITLE Larsen, Caitlin NAME NAME STREET ADDRESS STREET ADDRESS 13737 Noel Rd Ste 100 CITY-ST-ZIP <u>Dallas TX 75240</u> 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 attachmy with an address, with all other like empowered.

Caitlin Larsen 2/27/06 469-893-2701