



2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06768	
1. Entity Name TENET HEALTHCARE CORPORATION	

FILED
07 APR -3 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 13737 NOEL ROAD SUITE 100 DALLAS, TX 75240	Mailing Address ATTN: DONNA JARRELL 13737 NOEL RD, STE 100 DALLAS, TX 75240
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

	
01122007	Chg-P CR2E034 (12/06)
4. FEI Number 95-2557091	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324

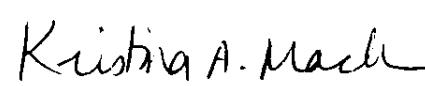
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO FETTER, TREVOR 13737 NOEL ROAD DALLAS, TX 75240 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FETTER, TREVOR 13737 NOEL ROAD DALLAS, TX 75240 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S URBANOWICZ, E P 13737 NOEL ROAD DALLAS, TX 75240 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MACK, KRISTINA A 13737 NOEL ROAD DALLAS, TX 75240 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Asst. Secretary Caitlin Larsen 13737 Noel Rd Ste 100 Dallas TX 75240 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	900095382989 04/11/07--01005--002 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions provided in Chapter 440, F.S., or that the information is true and correct.
SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kristina A. Mack, Asst Sec, 3/28/07 Phone 469-893-2701 Date Daytime Phone #