2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# P06768

Entity Name: TENET HEALTHCARE CORPORATION

Current Principal Place of Business:

13737 NOEL ROAD
SUITE 100
DALLAS, TX 75240

New Principal Place of Business:

Current Mailing Address:

ATTEN:DONNA JARRELL
13737 NOEL RD,STE 100
DALLAS, TX 75240

New Mailing Address:

FEI Number: 95-2557091 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: FETTER, TREVOR
Address: 13737 NOEL ROAD
City-St-Zip: DALLAS, TX 75240

Title: D ( ) Delete
Name: FETTER, TREVOR
Address: 13737 NOEL ROAD
City-St-Zip: DALLAS, TX 75240

Title: S ( ) Delete
Name: URBANOWICZ, E P
Address: 13737 NOEL ROAD
City-St-Zip: DALLAS, TX 75240

Title: AS ( ) Delete
Name: MACK, KRISTINA A
Address: 13737 NOEL ROAD
City-St-Zip: DALLAS, TX 75240

Title: AS (X) Delete
Name: LARSEN, CAITLIN
Address: 13737 NOEL RD.STE. 100
City-St-Zip: DALLAS, TX 75240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FETTER, TREVOR
Address: 13737 NOEL ROAD
City-St-Zip: DALLAS, TX 75240

Title: D (X) Change ( ) Addition
Name: BUSH, JOHN
Address: 13737 NOEL ROAD
City-St-Zip: DALLAS, TX 75240

Title: S (X) Change ( ) Addition
Name: RUFF, GARY
Address: 13737 NOEL ROAD
City-St-Zip: DALLAS, TX 75240

Title: T (X) Change ( ) Addition
Name: SHERMAN, JEFFREY
Address: 13737 NOEL ROAD
City-St-Zip: DALLAS, TX 75240

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY RUFF S 02/13/2009

Electronic Signature of Signing Officer or Director — Date