

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P20545

1. Corporation Name  
TENET HEALTHSYSTEM HEALTHCORP, INC.

Principal Place of Business

3820 STATE STREET  
SANTA BARBARA CA 93105

Mailing Address

% MARY H. YUMIBE  
3820 STATE STREET  
SANTA BARBARA CA 93105

2. Principal Place of Business

21 Suite, Apt #, etc.  
22 City & State  
23 Zip Country  
24 25

2a. Mailing Address

26 Suite, Apt #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and his or her address

DATE: Name and Address of Current Registered Agent

DATE

12. OFFICERS AND DIRECTORS

|                |                        |            |
|----------------|------------------------|------------|
| TITLE          | P                      | [ ] DELETE |
| NAME           | FOCHT, MICHAEL H SR.   |            |
| STREET ADDRESS | 3820 STATE STREET      |            |
| CITY-ST-ZIP    | SANTA BARBARA CA 93105 |            |
| TITLE          | VSD                    | [X] DELETE |
| NAME           | BROWN, SCOTT M         |            |
| STREET ADDRESS | 3820 STATE STREET      |            |
| CITY-ST-ZIP    | SANTA BARBARA CA 93105 |            |
| TITLE          | VCFO                   | [ ] DELETE |
| NAME           | FETTER, TREVOR         |            |
| STREET ADDRESS | 3820 STATE STREET      |            |
| CITY-ST-ZIP    | SANTA BARBARA CA 93105 |            |
| TITLE          | VT                     | [ ] DELETE |
| NAME           | MCMULLEN, TERENCE P    |            |
| STREET ADDRESS | 3820 STATE STREET      |            |
| CITY-ST-ZIP    | SANTA BARBARA CA 93105 |            |
| TITLE          | AS                     | [X] DELETE |
| NAME           | LUNDGREN, ALAN         |            |
| STREET ADDRESS | 3820 STATE STREET      |            |
| CITY-ST-ZIP    | SANTA BARBARA CA 93105 |            |
| TITLE          |                        | [ ] DELETE |
| NAME           |                        |            |
| STREET ADDRESS |                        |            |
| CITY-ST-ZIP    |                        |            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                         |
|-------------------|-------------------------|
| 11 TITLE          | [ ] Change [ ] Addition |
| 12 NAME           |                         |
| 13 STREET ADDRESS |                         |
| 14 CITY-ST-ZIP    |                         |
| 21 TITLE          | [ ] Change [X] Addition |
| 22 NAME           | DVS                     |
| 23 STREET ADDRESS | Richard B. Silver       |
| 24 CITY-ST-ZIP    | 3820 State Street       |
| 31 TITLE          | Santa Barbara, CA 93105 |
| 32 NAME           |                         |
| 33 STREET ADDRESS |                         |
| 34 CITY-ST-ZIP    |                         |
| 41 TITLE          | [ ] Change [ ] Addition |
| 42 NAME           |                         |
| 43 STREET ADDRESS |                         |
| 44 CITY-ST-ZIP    |                         |
| 51 TITLE          | [ ] Change [X] Addition |
| 52 NAME           | AS                      |
| 53 STREET ADDRESS | Caitlin M. Larsen       |
| 54 CITY-ST-ZIP    | 3820 State Street       |
| 61 TITLE          | Santa Barbara, CA 93105 |
| 62 NAME           |                         |
| 63 STREET ADDRESS |                         |
| 64 CITY-ST-ZIP    |                         |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11.07(5)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Caitlin M. Larsen, Asst. Sec. 4/12/99 805/563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4/12/99

PHONE: 805/563-7075

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