

# 2002 UNIFORM BUSINESS REPORT (UBR)

05/13/02 AV

DOCUMENT # P20545

1. Entity Name  
TENET HEALTHSYSTEM HEALTHCORP, INC.

FILED

02 APR 12 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
3820 STATE STREET  
SANTA BARBARA CA 93105

Mailing Address  
% MARY H. YUMBE  
3820 STATE STREET  
SANTA BARBARA CA 93105

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number 75-1776092

Applied For  
Not Applicable

Zip Country

5. Certificate of Status Desired ☐ \$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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACKEY, THOMAS B		NAME		
STREET ADDRESS	3820 STATE STREET		STREET ADDRESS		
CITY-ST-ZIP	SANTA BARBARA CA 93105		CITY-ST-ZIP		
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILVER, RICHARD B		NAME		
STREET ADDRESS	3820 STATE STREET		STREET ADDRESS		
CITY-ST-ZIP	SANTA BARBARA CA 93105		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENT, DENNIS L		NAME		
STREET ADDRESS	3820 STATE STREET		STREET ADDRESS		
CITY-ST-ZIP	SANTA BARBARA CA 93105		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARSEN, CAITLIN M		NAME		
STREET ADDRESS	3820 STATE STREET		STREET ADDRESS		
CITY-ST-ZIP	SANTA BARBARA CA 93105		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Caitlin M. Larsen Caitlin M. Larsen, Asst. Sec. 3/19/02 805/563-7075  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)