2004 FOR PROFIT CORPORATION ANNUAL REPORT

'	ANNUAL REPORT						SECRETILED				
DOCUMENT # P20545 1. Entity Name.						SECRETARY OF STATE DIVISION OF CORPORATIONS					
TENET HEALTHSYSTEM HEALTHCORP, INC.						04	MAR -3	AM '8: 0	0		
Principal Place of Business 3820 STATE STREET SANTA BARBARA, CA 93105		Mailing Address % MARYALYNANDE Sherrie 3820 STATE STREET SANTA BARBARA, CA 93105			mith	F 61 11 3 01 110 31	8/1 8 8 1 8 1 8 1 1 1 8 1 8 1 8 1	11 638 11 818 14 848 1	1 Bibli Bibli Bibli		
2. Principal Pl	ace of Business	3. Mailing Address									
Suite, Apt.		Suite, Apt. #, etc.				01062004	Chg-P	CR2E0	34 (10/03)	MRS	
City & State		City & State				4. FEI Number Applied For 75-1776092 Not Applicable					
Zip	Country	Zip	Coun	itry		5. Certificate of			\$8.75 Add Fee Required		
	6. Name and Address of Current i	Registered Agent		Name		7. Name and A	ddress of New I	Registered A	gent		
1200 SOU	ORATION SYSTEM TH PINE ISLAND RD. ON, FL 33324				eet 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 Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financia Trust Fund Contribution.						.00 May Be ed to Fees					
10	OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	HANGES TO OF	FICERS AND	DIRECTOR:	S IN 11	
TITLE	Р	☐ Delete	TITL	E					☐ Change	☐ Addition	
NAME	FETTER, TREVOR					-11	nnes	8230	104		
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP	,	03/03.)00029 /040106	2001	**176	36.25	
TITLE	DVS	Delete	TITL		Dire	ctor/Secr	etary		☐ Change	XXAddition	
NAME	SILVER, RICHARD B	Car Delete	NAM		1	lin M. La	_		onlings	ETIS CONTROL	
STREET ADDRESS	3820 STATE STREET			EET ADDRESS						:	
CITY-ST-ZIP				Y-ST-ZIP	Sant	State St a Barbara	, CA 931	05		<u></u>	
TITLE NAME	T DENT, DENNIS Ł	☐ Delete	TITL NAM						☐ Change	☐ Addition	
STREET ADDRESS	3820 STATE STREET		- 1	eet address							
CITY-ST-ZIP	SANTA BARBARA, CA 93105		CITY	/-ST-21P							
TITLE	AS	XX Delete	TITL			. Secreta			☐ Change	XXX Addition	
NAME STREET ADDRESS	LARSEN, CAITLIN M 3820 STATE STREET		NAM	ie Eet address	,	tina A. M					
CITY-ST-ZIP	SANTA BARBARA, CA 93105			Y-ST-ZIP	pozu	State St a Barbara		0 K			
TITLE .		☐ Delete	TITL	E	Sant	a-barbara	, 64-331	05	☐ Change	Addition	
NAME STREET ADDRESS			NAN STR	<i>i</i> ie Eet address							
CITY-ST-ZIP				r-ST-ZIP				-			
TITLE		☐ Delete	TITL	.E					☐ Change	☐ Addition	
NAME			NAM								
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP		Parties and a					
12. 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 eath; 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											
signature: With an address, with all other tike empowered. Kristina A. Mack, Asst. Secretary 2100/64											
SIGNATURE: Kristina A. Mack, Asst. Secretary 10009 SIGNATURE: Signature and Typed Or Printed Name OF SIGNING OFFICER OR DIRECTOR Date D											