

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P20545

1. Entity Name

TENET HEALTHSYSTEM HEALTHCORP, INC.



Principal Place of Business

13737 NOEL ROAD  
STE 100  
DALLAS, TX 75240

Mailing Address

13737 NOEL ROAD  
STE 100  
DALLAS, TX 75240

**DO NOT WRITE IN THIS SPACE**

**FILED**

2008 FEB 27 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number

75-1776092

Applied For

Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

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 or 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME FETTER, TREVOR  
STREET ADDRESS 13737 NOEL ROAD, SUITE 100  
CITY-ST-ZIP DALLAS, TX 75240

TITLE DS  
NAME LARSEN, CAITLIN M  
STREET ADDRESS 13737 NOEL ROAD, SUITE 100  
CITY-ST-ZIP DALLAS, TX 75240

TITLE T  
NAME SHERMAN, JEFFREY S  
STREET ADDRESS 13737 NOEL ROAD, SUITE 100  
CITY-ST-ZIP DALLAS, TX 75240

TITLE AS  
NAME MACK, KRISTINA A  
STREET ADDRESS 13737 NOEL ROAD, SUITE 100  
CITY-ST-ZIP DALLAS, TX 75240

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

200119548132  
03/06/08-01014-016 \*\*150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kristina A Mack*  
Kristina A. Mack,  
Assistant Secretary

469-893-2701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #