

P9500058859
Document Number Only

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, Florida 32301

City State Zip Phone
904-222-1092

CORPORATION(S) NAME

SECRET 148555
-07/31/95 - 01052--019
*****35.00 *****35.00

SECRET 148555
-07/31/95 - 01052--012
*****35.00 *****35.00

Tenet Healthcare-Florida, Inc.

☒ Profit *Articles*

☐ NonProfit

☐ Amendment

☐ Merger

☐ Limited Liability Company

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Certified Copy

☐ Photo Copies

☐ Fictitious Name

☐ CUS/ G/S

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

3:00

7/31/95

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

*Same people have
P06768*

CONSENT TO USE OF NAME

Tenet Healthcare Corporation, a corporation organized under the laws of the State of Nevada, hereby consents to the organization of Tenet Healthcare-Florida, Inc. in the state of Florida.

IN WITNESS WHEREOF, the said Tenet Healthcare Corporation has caused this consent to be executed by its President and Chief Operating Officer and attested under its corporate seal by its Secretary, this 17th day of July, 1995.

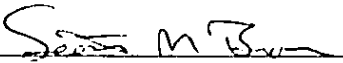
Name: Tenet Healthcare Corporation

By: 

Name: Michael H. Focht, Sr.

Its: President and Chief Operating Officer

Attest:


Scott M. Brown, Secretary

(SEAL)

STATE OF FLORIDA
ARTICLES OF INCORPORATION
OF
Tenet HealthCare-Florida, Inc.

FIRST: THE CORPORATE NAME THAT SATISFIES THE REQUIREMENTS OF SECTION 607.0401 IS: Tenet HealthCare-Florida, Inc.

SECOND: THE ADDRESS OF THE PRINCIPAL OFFICE, AND THE MAILING ADDRESS OF THE CORPORATION IS: 1200 South Pine Island Road, Plantation, Florida 33324.

THIRD: THE NATURE OF THE BUSINESS TO BE CONDUCTED OR PROMOTED IS: TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH CORPORATIONS MAY BE ORGANIZED UNDER THE FLORIDA GENERAL CORPORATION ACT.

FOURTH: THE NUMBER OF SHARES THE CORPORATION IS AUTHORIZED TO ISSUE IS: One Thousand (1,000) Common Shares.

FIFTH: THE BOARD OF DIRECTORS OF THE CORPORATION SHALL CONSIST OF ONE (1) DIRECTOR AND THE NAME AND ADDRESS OF THE SOLE DIRECTOR WHO IS TO SERVE AS SOLE DIRECTOR UNTIL THE FIRST ANNUAL MEETING OF SHAREHOLDERS OR UNTIL HIS SUCCESSOR IS ELECTED AND QUALIFIED IS: SCOTT M. BROWN, 2700 COLORADO AVENUE, SANTA MONICA, CA 90404.

SIXTH: THE SOLE DIRECTOR IS AUTHORIZED TO MAKE, ALTER OR REPEAL THE BYLAWS OF THE CORPORATION. ELECTION OF DIRECTORS NEED NOT BE BY WRITTEN BALLOT.

SEVENTH: THE LIABILITY OF THE SOLE DIRECTOR OF THE CORPORATION FOR MONETARY DAMAGES SHALL BE ELIMINATED TO THE FULLEST EXTENT PERMISSIBLE UNDER FLORIDA LAW.

EIGHTH: THE SOLE DIRECTOR IS AUTHORIZED TO INDEMNIFY ITS OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS TO THE FULLEST EXTENT PERMISSIBLE UNDER FLORIDA LAW.

NINTH: THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE OF THE CORPORATION IS: C/O C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, CITY OF PLANTATION, FLORIDA 33324, AND THE NAME OF ITS INITIAL REGISTERED AGENT AT SUCH ADDRESS IS C T CORPORATION SYSTEM.

TENTH: THE NAME AND MAILING ADDRESS OF THE SOLE INCORPORATOR
IS: V.J. BRONGER, 818 W. 7TH STREET, LOS ANGELES, CA 90017.

THE UNDERSIGNED HAS EXECUTED THESE ARTICLES OF INCORPORATION
THIS 14TH DAY OF JULY, 1995.

Tenet HealthCare-Florida, Inc.

V.J. Bronger
V.J. BRONGER, INCORPORATOR

ACCEPTANCE BY THE REGISTERED AGENT AS REQUIRED IN SECTION
607.0501 (3) F.S.: C T CORPORATION SYSTEM IS FAMILIAR WITH AND ACCEPTS
THE OBLIGATIONS PROVIDED FOR IN SECTION 607.0505.

C T CORPORATION SYSTEM

DATED: JULY 14, 1995

BY: D.F. Hickey
D.F. Hickey, Asst. Secretary

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mordham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PA5000058859**

1. Corporation Name

Tenet Healthcare - Florida, Inc.

Principal Place of Business

Mailing Address

3820 State Street
Santa Barbara, CA 93105

c/o Mary H. Yumibe
3820 State Street
Santa Barbara, CA 93105

REINSTATEMENT *96 ad*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Address, if Applicable

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/3/95

5. F.E. Number

95-4562198

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Titles	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	Michael H. Focht, Sr.	3820 State Street	Santa Barbara, CA 93105
D/V/S	Scott M. Brown	3820 State Street	Santa Barbara, CA 93105
T	Terence P. McMullen	3820 State Street	Santa Barbara, CA 93105
CFO	Trevor Fetter	3820 State Street	Santa Barbara, CA 93105
AS	Richard B. Silver	3820 State Street	Santa Barbara, CA 93105

8. Name and Address of Current Registered Agent

C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

400001972944--7

-10/14/96--01038--007

****375.00 ****375.00

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of By:
Registered Agent

D. F. Hickey

D. F. Hickey, Assistant Secretary

Date 10-11-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Scott M. Brown

Scott M. Brown, Secretary

10/10/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000 (12/95)