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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P95000058859 (6)**

1. Corporation Name

TENET HEALTHCARE-FLORIDA, INC.

Principal Place of Business

**3820 STATE STREET
C/O MARY H YUMIBE
SANTA BARBARA CA 93105**

Mailing Address

**3820 STATE STREET
C/O MARY H YUMIBE
SANTA BARBARA CA 93105**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1995

4. FEI Number

95-4562198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box & Number is OK for Street Address)

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **FOCHT, SR, MICHAEL H**
STREET ADDRESS **3820 STATE STREET**
CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE **DVS** ☐ DELETE

NAME **BROWN, SCOTT M**
STREET ADDRESS **3820 STATE STREET**
CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE **T** ☐ DELETE

NAME **MCMULLEN, TERENCE P**
STREET ADDRESS **3820 STATE STREET**
CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE **CFO** ☐ DELETE

NAME **FETTER, TREVOR**
STREET ADDRESS **3820 STATE STREET**
CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE **AS** ☐ DELETE

NAME **SILVER, RICHARD**
STREET ADDRESS **3820 STATE STREET**
CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE **AS** ☐ DELETE

NAME **LUNDGREN, ALAN**
STREET ADDRESS **3820 STATE STREET**
CITY-ST-ZIP **SANTA BARBARA CA 93105**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 if changed, or on an attachment with an address.

SIGNATURE:

Alan Lundgren Alan Lundgren

2/24/98

805/563-7075

CR2E034 (10/97)