FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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99 APR 16 PM 2:14

DOCUMENT # **P95000058859**

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 the current year Intangible Personal Property Tax [ ] Yes **XX** No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 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 Not Acceptable)
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 on this form) 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	[X] 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	[X] 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

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	DVS	[ ] Change [X] Addition
22 NAME	Richard B. Silver	
23 STREET ADDRESS	3820 State Street	
24 CITY-ST-ZIP	Santa Barbara, CA 93105	
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	S	[X] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	AS	[ ] Change [X] Addition
62 NAME	Caitlin M. Larsen	
63 STREET ADDRESS	3820 State Street	
64 CITY-ST-ZIP	Santa Barbara, CA 93105	

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****150.00 ****150.00

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, with all other like empowered.

SIGNATURE: Caitlin Larsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99
Date

805/563-7075
Daytime Phone #

CR2E034 (11/98)