

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000058859

1. Entity Name  
TENET HEALTHCARE-FLORIDA, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

06 MAR 17 AM 8:26

Principal Place of Business  
13737 NOEL ROAD  
STE 100  
DALLAS, TX 75240

Mailing Address  
13737 NOEL ROAD  
STE 100  
DALLAS, TX 75240



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Attn: Donna Jarrell  
Suite, Apt. #, etc.  
13737 Noel Rd Ste 100  
City & State  
Dallas TX  
Zip  
75240

02212006 Chg-P CR2E034 (11/05)

4. FEI Number  
95-4562198

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 ROAD  
PLANTATION, FL 33324

## 7. Name and Address of New Registered Agent

Name  
Street 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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 CILLO, LAURA  
STREET ADDRESS 500 W. CYPRESS CREEK RD.  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309 ☐ Delete

TITLE DS  
NAME LARSEN, CAITLIN M  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA, CA 93105 ☐ Delete

TITLE T  
NAME DENT, DENNIS L  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA, CA 93105 ☐ Delete

TITLE AS  
NAME MACK, KRISTINA A  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA, CA 93105 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Armin, Craig  
STREET ADDRESS 11620 Wilshire Blvd 10th Flr  
CITY-ST-ZIP Los Angeles CA 90025

TITLE DS ☒ Change ☐ Addition  
NAME Larsen, Caitlin  
STREET ADDRESS 13737 Noel Rd Ste 100  
CITY-ST-ZIP Dallas TX 75240

TITLE T ☒ Change ☐ Addition  
NAME Sherman, Jeffrey S  
STREET ADDRESS 13737 Noel rd Ste 100  
CITY-ST-ZIP Dallas TX 75240

TITLE AS ☒ Change ☐ Addition  
NAME Mack, Kristina A  
STREET ADDRESS 13737 Noel Rd Ste 100  
CITY-ST-ZIP Dallas TX 75240

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Caitlin Larsen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Caitlin Larsen 2/27/06 469-893-2701

Date

Daytime Phone #