


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # P95000058859 | |  |
| 1. Entity Name TENET HEALTHCARE-FLORIDA, INC. | | |

FILED

07 APR -3 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|---|---|
| Principal Place of Business 13737 NOEL ROAD STE 100 DALLAS, TX 75240 | Mailing Address ATTN: DONNA JARRELL 13737 NOEL RD STE 100 DALLAS, TX 75240 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |



1122007 Chg-P CR2E034 (12/06)

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|---|--------------------------------|
| 4. FEI Number 95-4562198 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 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 |
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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ARMIN, CRAIG 1160 WILSHIRE BLVD, 10TH FL LOS ANGELES, CA 90025 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President David Pettit 3360 Bums Rd Palm Beach Gdns, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS LARSEN, CAITLIN M 13737 NOEL RD, STE 100 DALLAS, TX 75240 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500096382925 04/11/07--01005--001 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SHERMAN, JEFFREY S 13737 NOEL RD, STE 100 DALLAS, TX 75240 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS MACK, KRISTINA A 13737 NOEL RD, STE 100 DALLAS, TX 75240 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 that I am a registered agent of the corporation; and that my name appears in Block 10 or Block 11 if changed, or on an attachment.

SIGNATURE: Kristina A. Mack

Kristina A. Mack, Asst Sec, 3/28/07
Phone 469-893-2701