

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000058859

1. Entity Name  
TENET HEALTHCARE-FLORIDA, INC.



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

FILED

2008 FEB 27 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01112008 No Chg-P CR2E034 (11/05)

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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

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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 \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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            | PETTIT, DAVID             |
| STREET ADDRESS  | 3360 BUMS RD.             |
| CITY - ST - ZIP | PALM BEACH GDNS, FL 33410 |
| TITLE           | DS                        |
| NAME            | LARSEN, CAITLIN M         |
| STREET ADDRESS  | 13737 NOEL RD, STE 100    |
| CITY - ST - ZIP | DALLAS, TX 75240          |
| TITLE           | T                         |
| NAME            | SHERMAN, JEFFREY S        |
| STREET ADDRESS  | 13737 NOEL RD, STE 100    |
| CITY - ST - ZIP | DALLAS, TX 75240          |
| TITLE           | AS                        |
| NAME            | MACK, KRISTINA A          |
| STREET ADDRESS  | 13737 NOEL RD, STE 100    |
| CITY - ST - ZIP | DALLAS, TX 75240          |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |

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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: Kristina A. Mack Kristina A. Mack,  
Assistant Secretary

469-893-2701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_