P96000023285

C T CORPORATION	SYSTEM			
Requestor's Name	,			
660 East Jeffer	son Street			
Address Tallahassee, Fl	orida 32301	51	000 <u>0</u> 2121	<u> 305</u> -8
City State Zip	Phone		00002121 -03/24/970 *****35.00	1035~~006 *****15 00
CORPOR	IATION(S) NAME			
Tonet Hialeah	Healthisy stem.	Inc.		
			9	
			97 HAR 21 Vision of	
			SIDIN	; m
() Profit				, %.) TTI
() NonProfit	() Amendm	rent	() Marciac	. =
() Limited Liability Co				
() Foreign	() Dissoluti	ion/Withdrawal	() Mark R S	
() Limited Partnership	() Annual F	Report	(),Other 문	,
) Reinstatement () Reserva			Change of F	₹.A.
() Limited Liability Pa	rtnership		() Fictitious	
() Certified Copy	() Photo C	opies	() CUS⊋ _K	9
() Call When Ready	() Call if Pr	oblem	() After 4:30	20 cames
(→Walk In	() Will Wait		· X Blat. 在监 "	Marri (N
() Mail Out			RY C	= ; <u>~ [77]</u>
Name Availability		D	SE RETURN EXTRA	
	2 2/2/6	PLEA T	FILE STEP FED	Port(2)
Document Examiner	3/24/5	•	THE O'S'	_
l i	A much	1		
Updater	addied a carti	Co.	124 FM	
Veriller	Same of	9	9 m	
Acknowledgment	rame capacity			r
W.P. Verifler			// K3	Comet
CR2E031 (1-89)				

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617. Florida Statutes, the undersigned corporation organized under the laws of the Florida submits the following statement in order to change its register or registered agent, or both, in the State of Florida.	State			
1a. The name of the corporation is: TENET HIALEAH HEALTHSYSTEM, INC.				
Ta. The hand of the corporation to				
1b. Date of incorporation 3/14/96 Document number P96	mber P96000023285			
2. The name and address of the current registered agent and office: David F. Parish	SECRE TALLAH	97 MAR		
200 East Broward Blvd., Ft. Lauderdale, FL 33301	ARY ASSE	24	5	
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM	OF STATE	PH 12: 40		
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation	, Flor:	ida :	33324	
The street address of its registered agent and the street address of the busine of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of direct an officer so authorized by the board. Scott M. Brown. Secretary	tors or			
SIGNATURE Typed or printed name and tit March 19, 1997 DATE	10			
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGIST AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO CONTINUE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACTIVE OBLIGATION OF MY POSITION AS REGISTERED AGENT.	GNATE ERED COMPL ND CO CCEPT	Y M-		
SIGNATURE BY: (Registered Agent	asl	CA OC	et	
DATE	5	tef	atri L	
Division of Corporations, P.O. Box 6327, Tallahassee, FL.	3231 <i>4</i>	-24T 	، توالد کی ہ	

FILING FEE: \$35.00

CR2E045 (7-91) (FLA. - 2194 - 3/4/92)