

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

**APPROVED
AND
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1998 MAR -2 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P96000023285 (5)

1. Corporation Name
TENET HIALEAH HEALTHSYSTEM, INC.



| | |
|---|---|
| Principal Place of Business 3820 STATE STREET C/O MARY YUMBE SANTA BARBARA CA 93105 | Mailing Address 3820 STATE STREET C/O MARY YUMBE SANTA BARBARA CA 93105 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/14/1996 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 75-2653770 | Applied For <input type="checkbox"/> Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|--|--|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|-------------------------------|--|---|------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FOCHT, MICHAEL H | | 1.2 NAME | Clifford J. Bauer | |
| STREET ADDRESS | 3820 STATE STREET | | 1.3 STREET ADDRESS | 651 East 25th Street | |
| CITY-ST-ZIP | SANTA BARBARA CA 93105 | | 1.4 CITY-ST-ZIP | Hialeah, FL 33013 | |
| TITLE | CFOV | <input type="checkbox"/> DELETE | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FETTER, TREVORL | | 2.2 NAME | | |
| STREET ADDRESS | 3820 STATE STREET | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SANTA BARBARA CA 93105 | | 2.4 CITY-ST-ZIP | | |
| TITLE | SVSD | <input type="checkbox"/> DELETE | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, SCOTT | | 3.2 NAME | 200002445832--3 | |
| STREET ADDRESS | 3820 STATE STREET | | 3.3 STREET ADDRESS | -03/03/98--01075--027 | |
| CITY-ST-ZIP | SANTA BARBARA CA 93105 | | 3.4 CITY-ST-ZIP | ****150.00 ****150.00 | |
| TITLE | VT | <input type="checkbox"/> DELETE | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCMULLEN, TERENCE P | | 4.2 NAME | | |
| STREET ADDRESS | 3820 STATE STREET | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SANTA BARBARA CA 93105 | | 4.4 CITY-ST-ZIP | | |
| TITLE | AS | <input type="checkbox"/> DELETE | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LUNDGREN, ALAN | | 5.2 NAME | | |
| STREET ADDRESS | 3820 STATE STREET | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SANTA BARBARA CA 93105 | | 5.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

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.

SIGNATURE: *Alan Lundgren* Alan Lundgren 2/25/98 805/563-7075

CR2E034 (10/97)