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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000023285

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, submit 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and the applicable

(NOTE: For Agents, this is the name of the agent

last

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	[] DELETE
NAME	BAUER, CLIFFORD J	
STREET ADDRESS	651 EAST 25TH STREET	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	CFOV	[] DELETE
NAME	FETTER, TREVORL	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	SVSD	[X] DELETE
NAME	BROWN, SCOTT	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	VT	[] DELETE
NAME	MCMULLEN, TERENCE P	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	AS	[X] DELETE
NAME	LUNDGREN, ALAN	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	[] Change [] Add
12 NAME	
13 STREET ADDRESS	2000002862352-6
14 CITY-ST-ZIP	-05/04/99-01085-019
21 TITLE	****150.00 ****150.00
22 NAME	[] Change [] Add
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	DVS [] Change [X] Add
32 NAME	Richard B. Silver
33 STREET ADDRESS	3820 State Street
34 CITY-ST-ZIP	Santa Barbara, CA 93105
41 TITLE	[] Change [] Add
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	AS [] Change [X] Add
52 NAME	Caitlin M. Larsen
53 STREET ADDRESS	3820 State Street
54 CITY-ST-ZIP	Santa Barbara, CA 93105
61 TITLE	[] Change [] Add
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

B 4/23/99 9999

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(4)(g), 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 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Caitlin M. Larsen

Caitlin M. Larsen, Asst. Sec.

4/12/99

805/563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE AND PHONE

CR2E034 (11/98)