

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000023285	
1. Entity Name TENET HIALEAH HEALTHSYSTEM, 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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number
75-2653770

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEDEROS, ANA 651 EAST 25TH STREET HIALEAH, FL 33013	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LARSEN, CAITLIN M 13737 NOEL RD, STE 100 DALLAS, TX 75240	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHERMAN, JEFFREY S 13737 NOEL RD, STE 100 DALLAS, TX 75240	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MACK, KRISTINA A 13737 NOEL RD, STE 100 DALLAS, TX 75240	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information provided on this form does not qualify for the exemption contained in Chapter 607, Florida Statutes, which provides for the exemption of certain corporations from the requirements of this chapter.

SIGNATURE: Kristina A. Mack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Date _____ Daytime Phone # _____

FILED

07 APR -3 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11722007 Chg-P CR2E034 (12/06)