

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

APPROVED  
AND  
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1997 APR 30 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000023289**

1. Corporation Name

TENET HIALEAH (H.H.A.) HEALTHSYSTEM, INC.

Principal Place of Business

Mailing Address

3820 State Street  
Santa Barbara, CA 93105

c/o Mary Yumibe  
3820 State Street  
Santa Barbara, CA 93105

3. Date Incorporated or Qualified

3a. Date of Last Report

3/14/96

4. FEI Number

75-2653769

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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

10. Name and Address of New Registered Agent

David F. Parish  
200 East Broward Blvd.  
Ft. Lauderdale, FL 33301

81 Name

C T Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Road

83

84 City

Plantation

FL

85 Zip Code

33324

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

By: *D.F. Hickey*

D.F. Hickey, Asst. Secy.

04-29-97

(Signature of person named as registered agent and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **Michael H. Focht, Sr.**  
STREET ADDRESS **3820 State Street**  
CITY, ST, ZIP **Santa Barbara, CA 93105**

TITLE **EVP/CFO** ☐ DELETE

NAME **Trevor Fetter**  
STREET ADDRESS **3820 State Street**  
CITY, ST, ZIP **Santa Barbara, CA 93105**

TITLE **SVP/S/D** ☐ DELETE

NAME **Scott M. Brown**  
STREET ADDRESS **3820 State Street**  
CITY, ST, ZIP **Santa Barbara, CA 93105**

TITLE **V/P** ☐ DELETE

NAME **Terence P. McMullen**  
STREET ADDRESS **3820 State Street**  
CITY, ST, ZIP **Santa Barbara, CA 93105**

TITLE **AS** ☐ DELETE

NAME **Alan Lundgren**  
STREET ADDRESS **3820 State Street**  
CITY, ST, ZIP **Santa Barbara, CA 93105**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

*Scott M. Brown*

Scott M. Brown, Secretary

4/24/97

805/563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E034 (9/96)