

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

APPROVED
AND
FILED

1997 APR 30 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000023297
 1. Corporation Name
TENET HIALEAH (ASC) HEALTHSYSTEM, INC.

Principal Place of Business 3820 State Street Santa Barbara, CA 93105	Mailing Address c/o Mary H. Yumibe 3820 State Street Santa Barbara, CA 93105
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 3/14/96	3a. Date of Last Report	4. FEI Number 75-2653774	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent David F. Parish 200 East Broward Blvd. Ft. Lauderdale, FL 33301	10. Name and Address of New Registered Agent 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	85 Zip Code FL 33324
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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 type also printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P Michael H. Focht, Sr.	1.2 NAME	
STREET ADDRESS	3820 State Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	Santa Barbara, CA 93105	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVP/CFO Trevor Fetter	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	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVP/S/D Scott M. Brown	3.2 NAME	
STREET ADDRESS	3820 State Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Santa Barbara, CA 93105	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terence P. McMullen	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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS Alan Lundgren	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 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

805/563-7075

Date

Daytime Phone #

CR2E034 (9/96)