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

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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **P96000023297**

1. Corporation Name

TENET HIALEAH (ASC) HEALTHSYSTEM, INC.

Principal Place of Business	Mailing Address
% MARY H. YUMIBE **3820 STATE STREET** **SANTA BARBARA CA 93105**	**% MARY H. YUMIBE** **3820 STATE STREET** **SANTA BARBARA CA 93105**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/14/1996

4. FEI Number
75-2653774

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 owes the current year Intangible Personal Property Tax [ ] Yes [X] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent must sign in person)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	[X] DELETE	11 TITLE
NAME	FOCHT, MICHAEL H SR.		12 NAME
STREET ADDRESS	3820 STATE STREET		13 STREET ADDRESS
CITY-ST-ZIP	SANTA BARBARA CA 93105		14 CITY ST ZIP
TITLE	EVP	[ ] DELETE	21 TITLE
NAME	FETTER, TREVOR		22 NAME
STREET ADDRESS	3820 STATE STREET		23 STREET ADDRESS
CITY-ST-ZIP	SANTA BARBARA CA 93105		24 CITY ST ZIP
TITLE	VSD	[X] DELETE	31 TITLE
NAME	BROWN, SCOTT M		32 NAME
STREET ADDRESS	3820 STATE STREET		33 STREET ADDRESS
CITY-ST-ZIP	SANTA BARBARA CA 93105		34 CITY ST ZIP
TITLE	VT	[ ] DELETE	41 TITLE
NAME	MCMULLEN, TERENCE P		42 NAME
STREET ADDRESS	3820 STATE STREET		43 STREET ADDRESS
CITY-ST-ZIP	SANTA BARBARA CA 93105		44 CITY ST ZIP
TITLE	AS	[X] DELETE	51 TITLE
NAME	LUNDGREN, ALAN		52 NAME
STREET ADDRESS	3820 STATE STREET		53 STREET ADDRESS
CITY-ST-ZIP	SANTA BARBARA CA 93105		54 CITY ST ZIP
TITLE	CFO	[ ] DELETE	61 TITLE
NAME	FETTER, TREVOR		62 NAME
STREET ADDRESS	3820 STATE STREET		63 STREET ADDRESS
CITY-ST-ZIP	SANTA BARBARA CA 93105		64 CITY ST ZIP

P [ ] Change [X] Add
Clifford J. Bauer
651 East 25th Street
Hialeah, FL 33013

[ ] Change [ ] Add

900003282349--5
-05/04/99--01085--017
****150.00 ****150.00

DVS [ ] Change [X] Add
Richard B. Silver
3820 State Street
Santa Barbara, CA 93105

[ ] Change [ ] Add

[ ] Change [ ] Add

AS [ ] Change [X] Add
Caitlin M. Larsen
3820 State Street
Santa Barbara, CA 93105

[ ] Change [ ] Add

B. 4/23/99 99AR

CR2E034 (11/98)

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, 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 Daytime Phone #