2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000023297

1. Entity Name

TENÉT HIALEAH (ASC) HEALTHSYSTEM, INC.



FILED Mar 04, 2004 8:00 A.N Secretary of State

Principal Place of Business % MARXAX XVANSAX Sherrie Smith 3820 STATE STREET SANTA BARBARA, CA 93105 Mailing Address % MARXAX XVANSAX Sherrie Smith 3820 STATE STREET SANTA BARBARA, CA 93105				ith		I (BIFT SIII) ABIRI BBIRI BBIRI	i 18 11 4 18 163 Hi	(8	(78 8)) (88 1
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052004	Chg-P	CR2E0	34 (10/03)	
City & State		City & State			4. FEI Number 75-265				plied For t Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
O T CODDOD LTICLL OVERTILE				Name					
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			Street A	Street Address (P.O. Box Number is Not Acceptable)					
							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 II applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	n Financing oution.)0 May Be d to Fees					
10. ·	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	ICERS AND	DIRECTOR!	S IN 11
TITLE	Р	☐ Delete	TITLE			5		☐ Change	☐ Addition
NAME	FERNANDEZ, AURELIO	— D 01010	NAME		**************************************		3- 3-3 -5	_ •	
STREET ADDRESS	651 EAST 25TH STREET		STREET ADDRESS		300029822773 03/03/0401062001 **17636.2			00 00 l	
CITY-ST-ZIP	HIALEAH, FL 33013		CITY-ST-ZIP		05/100), 040100C		亦本工》 [0]	00.60
TITLE	DVS	XX Delete	TITLE	Direc	tor/Sec	retary		☐ Change	Addition
NAME	SILVER, RICHARD B		NAME	Caitl	lin M. Larsen				
STREET ADDRESS	3820 STATE STREET		STREET ADDRESS	3820	State Street				
CITY-ST-ZIP	SANTA BARBARA, CA 93105		CITY-ST-ZIP	Santa	Barbar	a, CA 9310	5		
TITLE	Т	☐ Delete	TITLE					☐ Change	☐ Addition
NAME ·	DENT, DENNIS L		NAME						
STREET ADDRESS	3820 STATE STREET		STREET ADDRESS						
CITY-ST-ZIP	SANTA BARBARA, CA 93105		CITY-ST-ZIP					1.0	
TITLE	AS	XXelete	TITLE	1	. Secre	-		☐ Change	XX Addition
NAME	LARSEN, CAITLIN M		NAME	1	tina A.				
STREET ADDRESS CITY-ST-ZIP	3820 STATE STREET SANTA BARBARA, CA 93105		STREET ADDRESS CITY-ST-ZIP	3820	State	Street ra, CA 9310	Λ5		
	CAITTA BAILBAILA, CA 93 103			Dant	a Darba	1a, CA 931			
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME Street address			NAME STREET ADDRESS						
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	 				☐ Change	☐ Addition
NAME		LES D'OIGLE	NAME						L Addition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
12 I horoby	partify that the information cumplied with	this filing does not a wife, for th	a overnation ata	tad in Saat	tion 110 07/2)	i) Florida Ctatutes I		if , about about to	formation

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kristina A. Mack, Asst. Secretary

Daytinle Phone #