

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000023297

1. Entity Name  
TENET HIALEAH (ASC) HEALTHSYSTEM, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAR 17 AM 8:28

Principal Place of Business  
13737 NOEL ROAD  
STE 100  
DALLAS, TX 75240

Mailing Address  
13737 NOEL ROAD  
STE 100  
DALLAS, TX 75240



2. Principal Place of Business

3. Mailing Address

Attn: Donna Jarrell

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13737 Noel Rd Ste 100

City & State

City & State

Dallas TX

Zip

Country

Zip

75240

Country

02212006

Chg-P

CR2E034 (11/05)

4. FEI Number

75-2653774

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME FERNANDEZ, AURELIO  
STREET ADDRESS 651 EAST 25TH STREET  
CITY-ST-ZIP HIALEAH, FL 33013

TITLE DS ☐ Delete  
NAME LARSEN, CAITLIN M  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE T ☐ Delete  
NAME DENT, DENNIS L  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE AS ☐ Delete  
NAME MACK, KRISTINA A  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE P ☒ Change ☐ Addition  
NAME Larsen, Caitlin  
STREET ADDRESS 13737 Noel rd Ste 100  
CITY-ST-ZIP Dallas TX 75240

TITLE T ☒ Change ☐ Addition  
NAME Sherman, Jeffrey S  
STREET ADDRESS 13737 Noel Rd Ste 100  
CITY-ST-ZIP Dallas TX 75240

TITLE AS ☒ Change ☐ Addition  
NAME Mack, Kristina A  
STREET ADDRESS Dallas TX 75240  
CITY-ST-ZIP Dallas TX 75240

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Caitlin Larsen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #