



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P96000023297</b> 1. Entity Name <b>TENET HIALEAH (ASC) HEALTHSYSTEM, INC.</b>					
Principal Place of Business <b>13737 NOEL ROAD STE 100 DALLAS, TX 75240</b>			Mailing Address <b>ATTEN: DONNA JARRELL 13737 NOEL RD, STE 100 DALLAS, FL 75240</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>75-2653774</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FERNANDEZ, AURELIO</b> <b>651 EAST 25TH STREET</b> <b>HIALEAH, FL 33013</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100096381141</b> <b>04/11/07--01004--005 **150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LARSEN, CAITLIN M</b> <b>13737 NOEL RD, STE 100</b> <b>DALLAS, TX 75240</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SHERMAN, JEFFREY S</b> <b>13737 NOEL RD, STE 100</b> <b>DALLAS, TX 75240</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>MACK, KRISTINA A</b> <b>13737 NOEL RD, STE 100</b> <b>DALLAS, TX 75240</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information contained in this report is true and correct to the best of my knowledge and belief, and that the information indicated on this of the corporation changed, or on a					
<b>SIGNATURE</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Kristina A. Mack, Asst Sec, 3/28/07 Phone 469-893-2701		

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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