## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P96000061174 1. Entity Name

TENET NETWORK MANAGEMENT, INC.



Principal Place of Business

13737 NOEL ROAD STE 100 DALLAS, TX 75240 Mailing Address

ATTN: DONNA JARRELL 13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240 FILED

2008 FEB 27 PM 12: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

01112008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 75-2662581 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

| 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.

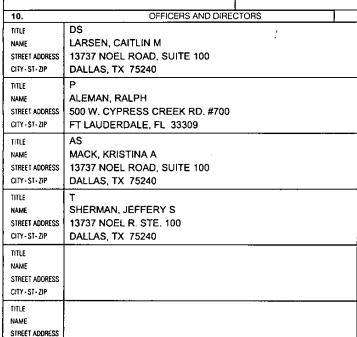
(NOTE: Registered Agent signature required when reinstating)

DATE

## FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees



600119547936 03/06/08--01014--009 \*\*150.00

DO NOT WRITE IN THIS SPACE

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.

Kristina A. Mack,

SIGNATURE:

CITY - ST - ZIP

rishma A. Mach

Assistant Secretary

469-893-2701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #