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AND  
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1997 FEB -7 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000081935 (4)

1. Corporation Name

TENET HEALTHSYSTEM NORTH SHORE (BME), INC.

Principal Place of Business

3820 STATE STREET  
SANTA BARBARA CA 93105

Mailing Address

3820 STATE STREET  
SANTA BARBARA CA 93105-3112

3. Date Incorporated or Qualified

10/03/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 c/o Mary H. Yumibe

22 City & State

23 Zip Country

24

25

27 City & State

28 Zip Country

29

30

4. FEI Number

75-2671590

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BROWN, SCOTT M  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA CA 93105

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☒ Change ☐ Addition  
300002081673--9  
-02/07/97--01077--034  
\*\*\*\*165.00 \*\*\*\*165.00

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☒ Addition  
P  
Steven M. Klein  
3820 State Street  
Santa Barbara, CA 93105

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☒ Addition  
EVP/CFO  
Trevor Fetter  
3820 State Street  
Santa Barbara, CA 93105

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☒ Addition  
V/T  
Terence P. McMullen  
3820 State Street  
Santa Barbara, CA 93105

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☒ Addition  
EVP  
W. Randolph Smith  
14001 Dallas Parkway  
Dallas, TX 75240

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☒ Addition  
AS  
Alan Lundgren  
3820 State Street  
Santa Barbara, CA 93105

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Lundgren, Asst. Sec'y

Date

1/29/97

Daytime Phone #

805/563-7015

CR2E034 (9/96)