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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000081935**

1. Corporation Name
TENET HEALTHSYSTEM NORTH SHORE (BME), INC.

Principal Place of Business	Mailing Address
% MARY H. YUMBIE 3820 STATE STREET SANTA BARBARA CA 93105	% MARY H. YUMBIE 3820 STATE STREET SANTA BARBARA CA 93105

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/03/1996

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. Has corporation owes the current year Intangible Personal Property Tax [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

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 must sign.) Date

12. OFFICERS AND DIRECTORS

TITLE	VSD	[X] DELETE
NAME	BROWN, SCOTT M	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	P	[ ] DELETE
NAME	KLEIN, STEVEN M	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	EVP	[ ] DELETE
NAME	FETTER, TREVOR	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	VT	[ ] DELETE
NAME	MCMULLEN, TERENCE P	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	EVP	[ ] DELETE
NAME	SMITH, RANDOLPH W	
STREET ADDRESS	14001 DALLAS PARKWAY	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	AS	[X] DELETE
NAME	LUNDGREN, ALAN	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DVS [ ] Change [X] Add
Richard B. Silver
3820 State Street
Santa Barbara, CA 93105

200002862342--7
-05/04/99--01085--012
****150.00 ****150.00

B4/23/99 9:9Am

AS [ ] Change [X] Add
Caitlin M. Larsen
3820 State Street
Santa Barbara, CA 93105

14. I 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, with all other like empowered.

SIGNATURE: Caitlin M. Larsen Caitlin M. Larsen, Asst. Sec. 4/12/99 805/563-7075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

CR2E034 (11/98)