

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

7150

DOCUMENT # P96000081935

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR -3 AM 8:00

Principal Place of Business  
~~XXXXXX XXXXX~~  
3820 STATE STREET  
SANTA BARBARA, CA 93105

Mailing Address  
~~XXXXXX XXXXX~~ Sherrie Smith  
3820 STATE STREET  
SANTA BARBARA, CA 93105



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

01062004 Chg-P CR2E034 (10/03) *MRD*

4. FEI Number  
75-2671590

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVS	<input checked="" type="checkbox"/> Delete	TITLE	Director/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVER, RICHARD B		NAME	Caitlin M. Larsen	
STREET ADDRESS	3820 STATE STREET		STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	SANTA BARBARA, CA 93105		CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIGMAN, DONALD S		NAME		
STREET ADDRESS	500 W. CYPRESS CREEK RD.		STREET ADDRESS	600029823086	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP	03/03/04--01062--001 *#17636.25	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENT, DENNIS L		NAME		
STREET ADDRESS	3820 STATE STREET		STREET ADDRESS		
CITY-ST-ZIP	SANTA BARBARA, CA 93105		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARSEN, CAITLIN M		NAME	Kristina A. Mack	
STREET ADDRESS	3820 STATE STREET		STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	SANTA BARBARA, CA 93105		CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 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: *Kristina A. Mack* Kristina A. Mack, Asst. Secretary 2/20/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #