

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000081935

1. Entity Name

TENET HEALTHSYSTEM NORTH SHORE (BME), INC.



Principal Place of Business

13737 NOEL ROAD  
STE 100  
DALLAS, TX 75240

Mailing Address

13737 NOEL ROAD  
STE 100  
DALLAS, TX 75240

**DO NOT WRITE IN THIS SPACE**

**FILED**

2008 FEB 27 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01112008 No Chg-P CR2E034 (11/05)

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

**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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DS
NAME	LARSEN, CAITLIN M
STREET ADDRESS	13737 NOEL RD, STE 100
CITY - ST - ZIP	DALLAS, TX 75240
TITLE	P
NAME	ALEMAN, RALPH
STREET ADDRESS	500 W. CYPRESS CREEK RD. #700
CITY - ST - ZIP	FT. LAUDERDALE, FL 33309
TITLE	T
NAME	SHERMAN, JEFFREY S
STREET ADDRESS	13737 NOEL RD, STE 100
CITY - ST - ZIP	DALLAS, TX 75240
TITLE	AS
NAME	MACKMAN, KRISTINA A
STREET ADDRESS	13737 NOEL RD, STE 100
CITY - ST - ZIP	DALLAS, TX 75240
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

700119548187  
03/06/08--01014--018 \*\*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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kristina A. Mack,  
Assistant Secretary

469-893-2701

Date

Daytime Phone #