

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000082605

1. Corporation Name

TENET HOME CARE OF SOUTH FLORIDA, INC.

Principal Place of Business

% MARY H. YUMIBE
3820 STATE STREET
SANTA BARBARA FL 93105

Mailing Address

% MARY H. YUMIBE
3820 STATE STREET
SANTA BARBARA FL 93105

2. Principal Place of Business

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Suite, Apt. #, etc.

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City & State

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Zip

Country

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9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

2a. Mailing Address

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Suite, Apt. #, etc.

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City & State

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Zip

Country

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81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

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84. City

FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation certifies 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 then signatory

(501) Registered Agent and then signatory

(501)

12. OFFICERS AND DIRECTORS

TITLE

VSD

86. DELETE

NAME

BROWN, SCOTT M

STREET ADDRESS

3820 STATE STREET

CITY-ST-ZIP

SANTA BARBARA FL 93105

TITLE

P

87. DELETE

NAME

FOCHT, MICHAEL H SR.

STREET ADDRESS

3820 STATE STREET

CITY-ST-ZIP

SANTA BARBARA CA 93105

TITLE

EVP

88. DELETE

NAME

FETTER, TREVOR

STREET ADDRESS

3820 STATE STREET

CITY-ST-ZIP

SANTA BARBARA CA 93105

TITLE

VT

89. DELETE

NAME

MCMULLEN, TERENCE P

STREET ADDRESS

3820 STATE STREET

CITY-ST-ZIP

SANTA BARBARA CA 93105

TITLE

EVP

90. DELETE

NAME

SMITH, RANDOLPH W

STREET ADDRESS

14001 DALLAS PARKWAY

CITY-ST-ZIP

DALLAS TX 75240

TITLE

AS

91. DELETE

NAME

LUNDGREN, ALAN

STREET ADDRESS

3820 STATE STREET

CITY-ST-ZIP

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)(c), Florida Statutes. Further, I 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

Telephone Number

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1996

4. FEI Number

75-2678173

Applied For
Not Applicable

5. Certificate of States Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

[] Yes [X] No

10. Name and Address of New Registered Agent

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