

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2004 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT # P96000082605</b> 1. Entity Name <b>TENET HOME CARE OF SOUTH FLORIDA, INC.</b>					
Principal Place of Business <b>% MARY H YUMBE Sherrie Smith</b> <b>3820 STATE STREET</b> <b>SANTA BARBARA, FL 93105</b>			Mailing Address <b>% MARY H YUMBE Sherrie Smith</b> <b>3820 STATE STREET</b> <b>SANTA BARBARA, FL 93105</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>75-2678173</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>SILVER, RICHARD B</b> <b>3820 STATE STREET</b> <b>SANTA BARBARA, FL 93105</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director/Secretary</b> <b>Caitlin M. Larsen</b> <b>3820 State Street</b> <b>Santa Barbara, CA 93105</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STEIGMAN, DONALD S</b> <b>500 W. CYPRESS CREEK RD.</b> <b>FORT LAUDERDALE, FL 33309</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>700029822817</b>  <b>03/03/04--01062--001 **17636.25</b> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DENT, DENNIS L</b> <b>3820 STATE STREET</b> <b>SANTA BARBARA, CA 93105</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>LARSEN, CAITLIN M</b> <b>3820 STATE STREET</b> <b>SANTA BARBARA, CA 93105</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Asst. Secretary</b> <b>Kristina A. Mack</b> <b>3820 State Street</b> <b>Santa Barbara, CA 93105</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS 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.					
<b>SIGNATURE: Kristina A. Mack</b> <b>Kristina A. Mack, Asst. Secretary</b> <i>2/20/04</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					