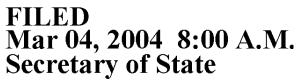
2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P96000082609 1. Entity Name



TENET HOME CARE TAMPA/ST. PETE, INC.						cictai	y 01 1	Stat	
3820 STATE	CHANGE Sherrie Smith	Mailing Address %XMAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		ith		18518 BILLI BRID BBILL BR	illi 18 501 1848 161		1881 JL (88)
2. Principal P	lace of Business	3. Mailing Address			- /1				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052004	Chg-P	CR2E03	34 (10/03)	
City & State		City & State			4. FEI Numbe 75-2678				plied For at Applicable
Zìp	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add ee Required	
	6. Name and Address of Current i	Registered Agent			7. Name and	Address of New I	Registered A	gent	
				Name					
1200 SOU	ORATION SYSTEM TH PINE ISLAND ROAD ON, FL 33324		Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
			City				FL	Zip Code	e
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 act the obligations of registered agent.								and accept	
SIGNATURE									
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be									
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.			ution.	Adde	d to Fees				
10.	OFFICERS AND	DIRECTORS	11.			CHANGES TO OF	FICERS AND		
TITLE	DVS	XX Delete	TITLE		ctor/Se	•		Change	XX Addition
NAME STREET ADDRESS	SILVER, RICHARD B 3820 STATE STREET		NAME Street Address		lin M.				
CITY-ST-ZIP	SANTA BARBARA, CA 93105		CITY-ST-ZIP		State		105		
TITLE NAME	P STEIGMAN, DONALD S	☐ Delete	TITLE NAME	_sanc	a barba	ra, CA 93	1112	☐ Change	☐ Addition
STREET ADDRESS	500 W. CYPRESS CREEK RD.		STREET ADDRESS		EI	000298		(2E	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP		03/03	/0401062	2001	**1763	16.25
TITLE	T	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	DENT, DENNIS L		NAME						
STREET ADDRESS CITY-ST-ZIP	3820 STATE STREET SANTA BARBARA, CA 93105		STREET ADDRESS CITY-ST-ZIP						
TITLE	AS	XX Delete		Asst.	Secret	arv		Change	XX Addition
NAME	LARSEN, CAITLIN M	4 23 *//cicit			ina A.	-		☐ Change	Vooition
STREET ADDRESS	3820 STATE STREET				State S				
CITY-ST-ZIP	SANTA BARBARA, CA 93105		CITY-ST-ZIP	Santa	Barbar	a,CA 9310	5		
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
1	<u> </u>			<u> </u>		ii) Florida Statutos			

I nereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

OATE Daytime Phone #