

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 # P98000057445

1. Corporation Name

TENET HIALEAH ANCILLARY SERVICES, INC.

Principal Place of Business

3820 STATE ST.  
SANTA BARBARA CA 93105

Mailing Address

3820 STATE ST.  
SANTA BARBARA CA 93105

2. Principal Place of Business

|    |                     |
|----|---------------------|
| 21 | Suite, Apt. #, etc. |
| 22 | City & State        |
| 23 | Zip                 |
| 24 | Country             |

2a. Mailing Address

|    |                     |
|----|---------------------|
| 26 | Suite, Apt. #, etc. |
| 27 | City & State        |
| 28 | Zip                 |
| 29 | Country             |

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits 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 this 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 the applicable

date. Registered Agents must be a resident of the State of Florida.

Date

12. OFFICERS AND DIRECTORS

|                |                         |            |
|----------------|-------------------------|------------|
| TITLE          | DVS                     | [ ] DELETE |
| NAME           | Richard B. Silver       |            |
| STREET ADDRESS | 3820 State Street       |            |
| CITY-STATE-ZIP | Santa Barbara, CA 93105 |            |
| TITLE          |                         | [ ] DELETE |
| NAME           | Michael H. Focht, Sr.   |            |
| STREET ADDRESS | 3820 State Street       |            |
| CITY-STATE-ZIP | Santa Barbara, CA 93105 |            |
| TITLE          | VT                      | [ ] DELETE |
| NAME           | Terence P. McMullen     |            |
| STREET ADDRESS | 3820 State Street       |            |
| CITY-STATE-ZIP | Santa Barbara, CA 93105 |            |
| TITLE          | AS                      | [ ] DELETE |
| NAME           | Caitlin M. Larsen       |            |
| STREET ADDRESS | 3820 State Street       |            |
| CITY-STATE-ZIP | Santa Barbara, CA 93105 |            |
| TITLE          |                         | [ ] DELETE |
| NAME           |                         |            |
| STREET ADDRESS |                         |            |
| CITY-STATE-ZIP |                         |            |
| TITLE          |                         | [ ] DELETE |
| NAME           |                         |            |
| STREET ADDRESS |                         |            |
| CITY-STATE-ZIP |                         |            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                        |
|-------------------|------------------------|
| 11 TITLE          | [ ] Change [ ] Add New |
| 12 NAME           |                        |
| 13 STREET ADDRESS |                        |
| 14 CITY-STATE-ZIP |                        |
| 21 TITLE          |                        |
| 22 NAME           |                        |
| 23 STREET ADDRESS |                        |
| 24 CITY-STATE-ZIP |                        |
| 31 TITLE          | [ ] Change [ ] Add New |
| 32 NAME           |                        |
| 33 STREET ADDRESS |                        |
| 34 CITY-STATE-ZIP |                        |
| 41 TITLE          | [ ] Change [ ] Add New |
| 42 NAME           |                        |
| 43 STREET ADDRESS |                        |
| 44 CITY-STATE-ZIP |                        |
| 51 TITLE          | [ ] Change [ ] Add New |
| 52 NAME           |                        |
| 53 STREET ADDRESS |                        |
| 54 CITY-STATE-ZIP |                        |
| 61 TITLE          | [ ] Change [ ] Add New |
| 62 NAME           |                        |
| 63 STREET ADDRESS |                        |
| 64 CITY-STATE-ZIP |                        |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further 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 an other like empowered.

SIGNATURE *Caitlin M. Larsen*

Caitlin M. Larsen, Asst. Sec.

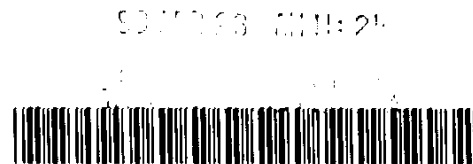
4/12/99

805/563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone No. (Area Code)



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1998

4. FLE Number

75-2771921

Applied For  
Not Applicable

5. Certificate of Status 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

81 Name

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

83

84 City

FL 85 Zip Code

CR2E034 (4/98)