

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000054257

**Entity Name:** SIERRA HEALTH INSURANCE PLANS, INC.

**Current Principal Place of Business:**

7605 ROCKPORT CIRCLE  
LAKE WORTH, FL 33467

**Current Mailing Address:**

P.O. BOX 15203  
W. PALM BCH., FL 33416-5203

**FEI Number: 65-0766490**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RAPINI, DUANE  
7605 ROCK PORT CIRCLE  
LAKE WORTH, FL 33467 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	PSTD	Title	VP
Name	RAPINI, DUANE	Name	RAPINI, DUANE
Address	7605 ROCKPORT CIRCLE	Address	7605 ROCKPORT CIRCLE
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DUANE RAPINI**

**PRESIDENT**

**01/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date