2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# P97000054257

Entity Name: SIERRA HEALTH INSURANCE PLANS, INC.

Current Principal Place of Business:

7605 ROCKPORT CIRCLE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15203
W. PALM BCH., FL 334165203

New Mailing Address:

FEI Number: 65-0766490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: RAPINI, DUANE
Address: 7605 ROCKPORT CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: VP ( ) Delete
Name: RAPINI, DUANE
Address: 7605 ROCKPORT CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DUANE RAPINI PRES 03/18/2009

Electronic Signature of Signing Officer or Director Date