#### 100101016 OFFICE LAZARUS CORPORATE FILING SERVICE, INC (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Pick up time Mail out Will wait Photocopy Certificate of Status AMENDMENTS **NEW FILINGS** Profit Amendment Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

Trademark

Examiner's Initials

Other

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SIERRA HEALTH SYSTEMS, Ing.

98 DEC -4 PM 12: 54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

9 Island Avenue Suite 1015 Miami Beach FL 33139

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Carolina G. Sierra, M.D. 9 Island Avenue Suite 1015 Miami Beach FL 33139

#### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Articles of Incorporation is(are):

Carolina G. Sierra
9 Island Avenue Suite 1015
Miami FL 33139

#### ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

Carolina G. Sierra (P) 9 Island Avenue Suite 1015 Miami Beach FL 33139

Articles of Incorporation Filing Fee - \$35

Signature

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.	The name of the corporation is: Sierra Health Systems, Inc.
2.	The name and address of the registered agent and office is:
	9 Island Avenue Suite 1015
	(NAME)
	Miami Beach FL 33139
	(P.O. BOX NOT ACCEPTABLE)
	(CITY/STATE/ZIP)
PPO DESI REO AGR THE FAM	NG BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF CESS FOR THE ABOVE STATED CORPORATION AT THE PLACE GNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS ISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER EE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM ILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS ISTERED AGENT.  SIGNATURE  DATE  D

REGISTERED AGENT FILING FEE: \$35.00