

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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90004 021 ***150.00

DOCUMENT # P98000101026

1. Corporation Name

SIERRA HEALTH SYSTEMS, INC.

Principal Place of Business

9 ISLAND AVENUE
SUITE 1015
MIAMI BEACH FL 33139

Mailing Address

9 ISLAND AVENUE
SUITE 1015
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1998

4. FEI Number

05-0880086

☒ 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 ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

SIERRA, CAROLINA G MD
9 ISLAND AVENUE
SUITE 1015
MIAMI BEACH FL 33139

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

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 the 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SIERRA, CAROLINA G
STREET ADDRESS 9 ISLAND AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139
(SAME)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME SIERRA, CAROLINA G.
1.3 STREET ADDRESS 9 ISLAND AVE. SUITE 1015
1.4 CITY-ST-ZIP MIAMI BEACH, FL. 33139

2.1 TITLE VICE PRESIDENT
2.2 NAME Lupo, Judy
2.3 STREET ADDRESS 3735 TURTLE RUN BLVD. SUITE 1925
2.4 CITY-ST-ZIP CORAL SPRINGS, FL. 33067

3.1 TITLE SECRETARY
3.2 NAME GUARDARRAMA, JOHN
3.3 STREET ADDRESS 9 ISLAND AVE. SUITE 1015
3.4 CITY-ST-ZIP MIAMI BEACH, FL. 33139

4.1 TITLE DIRECTOR
4.2 NAME JUSTICE, DERRICK
4.3 STREET ADDRESS 1410 WOOD ROAD # 2 D.
4.4 CITY-ST-ZIP Bx, N.Y. 10462

5.1 TITLE DIRECTOR
5.2 NAME GOODING, THEO
5.3 STREET ADDRESS 1409 TELEPOLITAN AVE. 2A.
5.4 CITY-ST-ZIP Bx, N.Y. 10462

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby 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 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99

Date

305-535-5657

Daytime Phone #

CR2E034 (1/198)