


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90016 022 \*\*\*150.00

<b>DOCUMENT # F06000006151</b>					
<b>1. Entity Name</b> CENTURION MEDICAL LIABILITY PROTECTIVE RISK RETENTION GROUP, INC.					
<b>Principal Place of Business</b> 2999 NORTH 44TH STREET SUITE 250 PHOENIX, AZ 85018			<b>Mailing Address</b> C/O RISK SERVICES, LLC 1501 WILSON BLVD, SUITE 1110 ARLINGTON, VA 22209		
<b>2. Principal Place of Business - No P.O. Box #</b> 14508 North Lark Court		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Fountain Hills, Arizona		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-1145017	
<b>Zip</b> 85268		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ROGERS, MICHAEL T 1800 SECOND STREET SUITE 909 SARASOTA, FL 34236			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DP JUAN, VICENTE M 1425 SANTA FE CORPUS CHRISTI, TX 78404	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DVP MINTZ, MICHAEL L 2218 S'ALAMEDA CORPUS CHRISTI, TX 78411	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DS LOW, J. MICHAEL 2999 NORTH 44TH STREET SUITE 250 PHOENIX, AZ 85018	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DAT WINCH, B. TROY 1800 SECOND ST STE 909 SARASOTA, FL 34236	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DT LEVEY, DAVID S 622 CINNAMON OAK SAN ANTONIO, TX 78230	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	AS ROSS, HEATHER 1501 WILSON BLVD STE 1110 ARLINGTON, VA 22209	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D MORRIS, ROD 14508 NORTH LARK COURT FOUNTAIN HILLS, AZ 85268	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DS WINCH, B. TROY 1800 SECOND ST. STE 909 SARASOTA, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> B. TROY WINCH, SECRETARY			April 11, 2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			800-226-0793		