

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006151

FILED
Apr 14, 2009
Secretary of State

Entity Name: CENTURION MEDICAL LIABILITY PROTECTIVE RISK RETENTION GROUP, INC.

Current Principal Place of Business:

14508 NORTH LARK COURT
FOUNTAIN HILLS, AZ 85268

New Principal Place of Business:

Current Mailing Address:

C/O RISK SERVICES, LLC
1501 WILSON BLVD, SUITE 1110
ARLINGTON, VA 22209

New Mailing Address:

C/O RISK SERVICES, LLC
2233 WISCONSIN AVE NW STE 310
WASHINGTON, DC 20007

FEI Number: 20-1145017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, MICHAEL T
1800 SECOND STREET SUITE 909
SARASOTA, FL 34236 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: DP () Delete
Name: JUAN, VICENTE M
Address: 1425 SANTA FE
City-St-Zip: CORPUS CHRISTI, TX 78404

Title: DVP () Delete
Name: MINTZ, MICHAEL L
Address: 2218 S ALAMEDA
City-St-Zip: CORPUS CHRISTI, TX 78411

Title: DS () Delete
Name: WINCH, TROY B
Address: 1800 SECOND ST, STE. 909
City-St-Zip: SARASOTA, FL 34236

Title: DAT () Delete
Name: WINCH, B. TROY
Address: 1800 SECOND ST STE 909
City-St-Zip: SARASOTA, FL 34236

Title: DT () Delete
Name: LEVEY, DAVID S
Address: 622 CINNAMON OAK
City-St-Zip: SAN ANTONIO, TX 78230

Title: AS () Delete
Name: ROSS, HEATHER
Address: 1501 WILSON BLVD STE 1110
City-St-Zip: ARLINGTON, VA 22209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: MORRIS, ROD
Address: 14508 NORTH LARK COURT
City-St-Zip: FOUNTAIN HILLS, AZ 85268

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: B. TROY WINCH

DS

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date