

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000006151

**Entity Name:** CENTURION MEDICAL LIABILITY PROTECTIVE RISK  
RETENTION GROUP, INC.**FILED**  
**Feb 04, 2020**  
**Secretary of State**  
**5579297118CC****Current Principal Place of Business:**3101 N. CENTRAL AVENUE  
SUITE 400  
PHOENIX, AZ 85012**Current Mailing Address:**C/O RISK SERVICES, LLC  
1605 MAIN STREET SUITE 800  
SARASOTA, FL 34236 US**FEI Number: 20-1145017****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ROGERS, MICHAEL T  
1605 MAIN STREET, SUITE 800  
SARASOTA, FL 34236 US*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**Officer/Director Detail :**

Title	DP
Name	JUAN, VICENTE M
Address	1425 SANTA FE
City-State-Zip:	CORPUS CHRISTI TX 78404

Title	DT
Name	MINTZ, MICHAEL L
Address	2218 S ALAMEDA
City-State-Zip:	CORPUS CHRISTI TX 78411

Title	DS
Name	WINCH, TROY B
Address	1605 MAIN STREET SUITE 800
City-State-Zip:	SARASOTA FL 34236

Title	D
Name	KIRSITS, JOSEPH
Address	2700 N. THIRD STREET, SUITE 3050
City-State-Zip:	PHOENIX AZ 85004

Title	DVP
Name	LEVEY, MD, DAVID D
Address	2999 N. 44TH STREET
City-State-Zip:	PHOENIX AZ 85108

Title	CEO
Name	MINTZ, SEAN
Address	518 PEOPLES STREET
City-State-Zip:	CORPUS CHRISTI TX 78401

*I hereby 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 all other like empowered.*

**SIGNATURE: B. TROY WINCH****SECRETARY****02/04/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date