

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000006151

**FILED**  
**Feb 04, 2020**  
**Secretary of State**  
**5579297118CC**

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

**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