

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006151

Entity Name: CENTURION MEDICAL LIABILITY PROTECTIVE RISK
RETENTION GROUP, INC.**FILED**
Mar 10, 2022
Secretary of State
5708021841CC**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	PRESIDENT/DIRECTOR
Name	PEARSON, JEFFREY SCOTT
Address	7706 UPPER 24TH ST. N
City-State-Zip:	OAKDALE MN 55128

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

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

Title	SECRETARY/DIRECTOR
Name	VELASCO, CINDY
Address	3933 ABBOTT AVENUE S.
City-State-Zip:	MINNEAPOLIS MN 55410

Title	DIRECTOR
Name	BROWN, RAE
Address	3101 N CENTRAL AVENUE SUITE 400
City-State-Zip:	PHOENIX AZ 85012

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: SEAN MINTZ**CEO****03/10/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date