

**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