2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006151

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

Current Principal Place of Business:

2700 N. THIRD STREET SUITE 3050 PHOENIX, AZ 85004

Current Mailing Address:

C/O RISK SERVICES, LLC 1605 MAIN STREET SUITE 800 SARASOTA, FL 34236 US

FEI Number: 20-1145017

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

Officer/Director Detail :

Title	DP	Title	DT	
Name	JUAN, VICENTE M	Name	MINTZ, MICHAEL L	
Address	1425 SANTA FE	Address	2218 S ALAMEDA	
City-State-Zip:	CORPUS CHRISTI TX 78404	City-State-Zip:	CORPUS CHRISTI TX 78411	
Title	DS	Title	D	
Name	WINCH, TROY B	Name	KIRSITS, JOSEPH	
Address	1800 SECOND ST, STE. 909	Address	2700 N. THIRD STREET, SUITE 3050	
City-State-Zip:	SARASOTA FL 34236	City-State-Zip:	PHOENIX AZ 85004	
			222	
Title	DVP	Title	COO	
Name	SNOOK, GARY D	Name	MINTZ, SEAN	
Address	8101 VALDEMORILLO DR.	Address	518 PEOPLES STREET	
City-State-Zip:	CORPUS CHRISTI TX 78414	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.

COO

SIGNATURE: SEAN MINTZ

Electronic Signature of Signing Officer/Director Detail

FILED Apr 24, 2018 Secretary of State CC0487187286

Certificate of Status Desired: No

Date