

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006151

Entity Name: CENTURION MEDICAL LIABILITY PROTECTIVE RISK
RETENTION GROUP, INC.**FILED**
Feb 15, 2021
Secretary of State
1034201923CC**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 78404Title DT
Name MINTZ, MICHAEL L
Address 2218 S ALAMEDA
City-State-Zip: CORPUS CHRISTI TX 78411Title DS
Name WINCH, TROY B
Address 1605 MAIN STREET
SUITE 800
City-State-Zip: SARASOTA FL 34236Title D
Name KIRSITS, JOSEPH
Address 2700 N. THIRD STREET, SUITE 3050
City-State-Zip: PHOENIX AZ 85004Title DVP
Name LEVEY, MD, DAVID D
Address 2999 N. 44TH STREET
City-State-Zip: PHOENIX AZ 85108Title 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****02/15/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date