

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006151

FILED
Apr 24, 2023
Secretary of State
3918061151CC

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 PRESIDENT/DIRECTOR
Name PEARSON, JEFFREY SCOTT
Address 7706 UPPER 24TH ST. N
City-State-Zip: OAKDALE MN 55128

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

Title VP, DIRECTOR
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 AVENUEUE
 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: JEFFREY PEARSON

PRESIDENT

04/24/2023

Electronic Signature of Signing Officer/Director Detail

Date