

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006151

FILED  
Apr 14, 2009  
Secretary of State

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

**Current Principal Place of Business:**

14508 NORTH LARK COURT  
FOUNTAIN HILLS, AZ 85268

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RISK SERVICES, LLC  
1501 WILSON BLVD, SUITE 1110  
ARLINGTON, VA 22209

**New Mailing Address:**

C/O RISK SERVICES, LLC  
2233 WISCONSIN AVE NW STE 310  
WASHINGTON, DC 20007

**FEI Number:** 20-1145017

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROGERS, MICHAEL T  
1800 SECOND STREET SUITE 909  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: JUAN, VICENTE M  
Address: 1425 SANTA FE  
City-St-Zip: CORPUS CHRISTI, TX 78404

Title: DVP ( ) Delete  
Name: MINTZ, MICHAEL L  
Address: 2218 S ALAMEDA  
City-St-Zip: CORPUS CHRISTI, TX 78411

Title: DS ( ) Delete  
Name: WINCH, TROY B  
Address: 1800 SECOND ST, STE. 909  
City-St-Zip: SARASOTA, FL 34236

Title: DAT ( ) Delete  
Name: WINCH, B. TROY  
Address: 1800 SECOND ST STE 909  
City-St-Zip: SARASOTA, FL 34236

Title: DT ( ) Delete  
Name: LEVEY, DAVID S  
Address: 622 CINNAMON OAK  
City-St-Zip: SAN ANTONIO, TX 78230

Title: AS ( ) Delete  
Name: ROSS, HEATHER  
Address: 1501 WILSON BLVD STE 1110  
City-St-Zip: ARLINGTON, VA 22209

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MORRIS, ROD  
Address: 14508 NORTH LARK COURT  
City-St-Zip: FOUNTAIN HILLS, AZ 85268

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

**SIGNATURE:** B. TROY WINCH

DS

04/14/2009

Electronic Signature of Signing Officer or Director

Date