

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006151

FILED
Mar 19, 2012
Secretary of State

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

Current Principal Place of Business:

2700 N. THIRD STREET
SUITE 3050
PHOENIX, AZ 85004

New Principal Place of Business:

Current Mailing Address:

C/O RISK SERVICES, LLC
1800 SECOND ST. SUITE 909 E.
SARASOTA, FL 34236

New Mailing Address:

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

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:

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: MICHAEL ROGERSS

03/19/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: DT
Name: MINTZ, MICHAEL L
Address: 2218 S ALAMEDA
City-St-Zip: CORPUS CHRISTI, TX 78411

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

Title: D
Name: KIRSITS, JOSEPH
Address: 2700 N. THIRD STREET, SUITE 3050
City-St-Zip: PHOENIX, AZ 85004

Title: DVP
Name: LEVEY, DAVID S
Address: 622 CINNAMON OAK
City-St-Zip: SAN ANTONIO, TX 78230

Title: COO
Name: MINTZ, SEAN
Address: 518 PEOPLES STREET
City-St-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: TROY WINCH

DS

03/19/2012

Electronic Signature of Signing Officer or Director

Date