

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S90075

Entity Name: 54TH STREET MEDICAL PLAZA, INC.

Current Principal Place of Business:

500 WEST MAIN STREET
LOUISVILLE, KY 40202

Current Mailing Address:

500 WEST MAIN STREET
LOUISVILLE, KY 40202 US

FEI Number: 65-0293220

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US

FILED
Apr 28, 2017
Secretary of State
CC0281526638

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 DIRECTOR
Name BROUSSARD, BRUCE D.
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND CORPORATE SECRETARY
Name LENAHAN, JOAN O.
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND TREASURER
Name BAILEY, ALAN J.
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT
Name ROBINSON, DONALD HANK
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name BEVERIDGE, M.D., ROY A
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT AND CHIEF FINANCIAL OFFICER
Name KANE, BRIAN A
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT
Name DEMARQUETTE, KENT
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title ASSISTANT CORPORATE
Name VENTURA, JOSEPH C
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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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: DONALD HANK ROBINSON

VICE PRESIDENT

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name MURRAY, JAMES E

Address 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202