

**2021 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*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 VP, TREASURER  
Name BAILEY, ALAN J  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title CFO, DIRECTOR  
Name KANE, BRIAN ANDREW  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

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

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

Title DIRECTOR, PRESIDENT  
Name MERIWETHER, KEVIN R  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title ASSOCIATE VICE PRESIDENT,  
ASSISTANT GENERAL COUNSEL,  
AND CORPORATE SECRETARY  
Name RUSCHELL, JOSEPH M  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT,  
WORKPLACE EXPERIENCE  
Name EDWARDS, DOUGLAS A  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VP, FINANCE  
Name KUHN, JENNIFER  
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: JOSEPH M. RUSCHELL****CORPORATE  
SECRETARY****01/25/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	VP
Name	WILSON, RALPH
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202