

2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S90075

Entity Name: 54TH STREET MEDICAL PLAZA, INC.

Current Principal Place of Business:

5385 NORTHEAST 2ND AVENUE
MIAMI, FL 33137

Current Mailing Address:

500 W MAIN ST 21ST FLOOR
LOUISVILLE, KY 40202

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 PRESIDENT, PROVIDER
DEVELOPMENT/VICE PRESIDENT,
HEALTH AND WELL-BEING SERVICES
SEGMENT

Name EDWARDS, PETER

Address 5385 NORTHEAST 2ND AVENUE

City-State-Zip: MIAMI FL 33137

Title REGIONAL PRESIDENT

Name KENT, DEMARQUETTE

Address 5385 NORTHEAST 2ND AVENUE

City-State-Zip: MIAMI FL 33137

Title SECRETARY

Name LENAHAN, JOAN

Address 500 W MAIN ST 21ST FLOOR

City-State-Zip: LOUISVILLE KY 40202

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: JOAN LENAHAN

SECRETARY

08/21/2013

Electronic Signature of Signing Officer/Director Detail

Date