

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S90075

FILED
Jan 07, 2014
Secretary of State
CC7016767493

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, CEO
Name KENT, DEMARQUETTE D.
Address 5385 NORTHEAST 2ND AVENUE
City-State-Zip: MIAMI FL 33137

Title VP, SECRETARY
Name LENAHAN, JOAN
Address 500 W. MAIN STREET
 C/O LAW DEPARTMENT
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, SVP, CHIEF MEDICAL
 OFFICER
Name BEVERIDGE, ROY A. DR.
Address 500 W. MAIN STREET
 C/O LAW DEPARTMENT
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name BROUSSARD, BRUCE D.
Address 500 W. MAIN STREET
 C/O LAW DEPARTMENT
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name MURRAY, JAMES E.
Address 500 W. MAIN STREET
 C/O LAW DEPARTMENT
City-State-Zip: LOUISVILLE KY 40202

Title INTERIM CHIEF FINANCIAL OFFICER
Name MCCULLEY, STEVEN E.
Address 500 W. MAIN STREET
 12TH FLOOR
City-State-Zip: LOUISVILLE KY 40202

Title SEGMENT VP, PRESIDENT
 INTEGRATED CARE DELIVERY
Name RYU, JAEWON DR.
Address 500 W. MAIN STREET
 C/O LAW DEPARTMENT
City-State-Zip: LOUISVILLE KY 40202

Title VP
Name BAUERNFEIND, GEORGE G.
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Continues on page 2

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 O. LENAHAN

VP

01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VICE PRESIDENT - FINANCE
Name FERNANDEZ, FERNANDO L.
Address 7200 CORPORATE CENTER DRIVE
SUITE 600
City-State-Zip: MIAMI FL 33126-1200

Title VP
Name WILSON, RALPH M.
Address 500 W. MAIN STREET
C/O LAW DEPARTMENT
City-State-Zip: LOUISVILLE KY 40202

Title VP
Name LAMBERT, CHARLES F. III
Address 500 W. MAIN STREET
C/O LAW DEPARTMENT
City-State-Zip: LOUISVILLE KY 40202

Title ASST. SECRETARY
Name VENTURA, JOSEPH C.
Address 500 W. MAIN STREET
C/O LAW DEPARTMENT
City-State-Zip: LOUISVILLE KY 40202