

**2016 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            PRESIDENT, CEO  
Name            KENT, DEMARQUETTE D.  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title            SECRETARY  
Name            LENAHAN, JOAN  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title            TREASURER  
Name            BAILEY, ALAN  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title            VICE PRESIDENT  
Name            ROBINSON, HANK  
Address        500 WEST MAIN STREET  
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:** HANK ROBINSON

**VICE PRESIDENT**

**04/19/2016**

Electronic Signature of Signing Officer/Director Detail

Date