

**2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# S90075

**FILED  
Nov 28, 2016  
Secretary of State  
CC0022566331**

**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, DIRECTOR  
Name            BROUSSARD, BRUCE 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

Title            SENIOR VICE PRESIDENT, CHIEF  
MEDICAL OFFICER, 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            SENIOR VICE PRESIDENT AND CHIEF  
INFORMATION OFFICER  
Name            LECLAIRE, PHD, BRIAN P  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title            SENIOR MEDICAL DIRECTOR  
Name            MICHAEL, M.D., SONIA  
Address        500 WEST 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:** HANK ROBINSON

**VICE PRESIDENT**

**11/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SEGMENT VICE PRESIDENT AND PRESIDENT,  
CLINICAL CARE SERVICES  
Name CONNOLLY, MARSDEN M  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT  
Name QUINTANA, DARIEL  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

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

Title DIRECTOR  
Name MURRAY, JAMES E  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT - INVESTMENT  
MANAGEMENT  
Name PRESTON, WILLIAM MARK  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

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

Title VICE PRESIDENT AND CHIEF  
ACCOUNTING OFFICER  
Name ZIPPERLE, CYNTHIA H  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202