2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S90075

Entity Name: 54TH STREET MEDICAL PLAZA, INC.

FILED Nov 30, 2016 Secretary of State CC9202111258

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:

Name

Electronic Signature of Registered Agent Date

Title

VICE PRESIDENT

KANE, BRIAN A

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title VICE PRESIDENT AND CORPORATE SECRETARY

Name BROUSSARD, BRUCE D. Name LENAHAN, JOAN

Address 500 WEST MAIN STREET

Address 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202

City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND TREASURER

Name BAILEY, ALAN Name ROBINSON, HANK

Address 500 WEST MAIN STREET Address 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202 City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, CHIEF

MEDICAL OFFICER, DIRECTOR

Title SENIOR VICE PRESIDENT AND CHIEF

Name

BEVERIDGE, M.D., ROY A

Address 500 WEST MAIN STREET Address 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202

City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT AND CHIEF

INFORMATION OFFICER

Title

SENIOR MEDICAL DIRECTOR

 Name
 LECLAIRE, PHD, BRIAN P
 Name
 MICHAEL, M.D., SONIA

 Address
 500 WEST MAIN STREET
 Address
 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202 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: JOAN O. LENAHAN VICE PRESIDENT AND 11/30/2016 CORPORATE SECRETARY

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 6101 BLUE LAGOON DRIVE

City-State-Zip: MIAMI FL 33126

Title VICE PRESIDENT
Name WILSON, RALPH M

Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR

City-State-Zip:

Title

Name MURRAY, JAMES E

Address 500 WEST MAIN STREET

LOUISVILLE KY 40202

VICE PRESIDENT

Name EDWARDS, DOUGLAS
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
ZIPPERLE, CYNTHIA H

Address 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT
Name KUHN, JENNIFER

Name

Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202