

**2017 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 DIRECTOR  
Name BROUSSARD, BRUCE D.  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND CORPORATE SECRETARY  
Name LENAHAN, JOAN O.  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND TREASURER  
Name BAILEY, ALAN J.  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT  
Name ROBINSON, DONALD HANK  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title 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 PRESIDENT  
Name DEMARQUETTE, KENT  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title ASSISTANT CORPORATE  
Name VENTURA, JOSEPH C  
Address 500 WEST MAIN STREET  
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:** DONALD HANK ROBINSON

**VICE PRESIDENT**

**04/28/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR

Name MURRAY, JAMES E

Address 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202