2018 FLORIDA PROFIT CORPORATION AMENDED 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

FILED Mar 05, 2018

Secretary of State

CC9101505142

Officer/Director Detail :

Title DIRECTOR Title VP, SECRETARY Name BROUSSARD, BRUCE D. Name VENTURA, JOSEPH C 500 WEST MAIN STREET 500 WEST MAIN STREET Address Address LOUISVILLE KY 40202 LOUISVILLE KY 40202 City-State-Zip: City-State-Zip:

VΡ Title Title VP, TREASURER

Name ROBINSON, HANK BAILEY, ALAN J. Name

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

DIRECTOR, SENIOR VICE PRESIDENT Title SVP, CFO Title

AND CHIEF MEDICAL OFFICER Name KANE, BRIAN A

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 PRESIDENT - HEALTHCARE DIRECTOR, PRESIDENT Title

SERVICES SEGMENT

FLEMING. WILLIAM KEVIN Name Name MERIWETHER, KEVIN R. Address **500 WEST MAIN STREET** Address 500 WEST MAIN STREET

LOUISVILLE KY 40202 City-State-Zip: 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: JOSEPH C. VENTURA

03/05/2018 VP & CORP. SECRETARY

Date

Officer/Director Detail Continued:

Title SENIOR VICE PRESIDENT AND CHIEF

LOUISVILLE KY 40202

INFORMATION OFFICER

Name LECLAIRE , BRIAN P. PHD Address 500 WEST MAIN STREET

Title VP

City-State-Zip:

Name JENKINS, ERIC B.

Address 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202

Title VP

Name MCCORMICK, M.D., JIM
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP

Name ROSELLO, GEMMA M
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

Title VP

Name EDWARDS, DOUGLAS A.
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT - FINANCE

Name KUHN, JENNIFER

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

Title VICE PRESIDENT - INVESTMENT

MANAGEMENT

Name PRESTON, WILLIAM M.

Address 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202

Title VP

Name WILSON, RALPH M

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