

2019 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

FILED
Sep 16, 2019
Secretary of State
4635821391CC

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

Title CFO
Name KANE, BRIAN A
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

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

Title DIRECTOR, PRESIDENT
Name BUCKINGHAM, RENEE J.
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name FLEMING, WILLIAM K
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 VP, FINANCE
Name KUHN, JENNIFER
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: RALPH M. WILSON

VICE PRESIDENT

09/16/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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