## 2020 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

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 US Certificate of Status Desired: No

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

### Officer/Director Detail :

| Title           | VP, TREASURER   | Title           | CFO                       |
|-----------------|---|-----------------|---------------------------|
| Name            | BAILEY, ALAN J  | Name            | KANE, BRIAN ANDREW        |
| Address         | 500 WEST MAIN STREET  | Address         | 500 WEST MAIN STREET      |
| City-State-Zip: | LOUISVILLE KY 40202   | City-State-Zip: | LOUISVILLE KY 40202       |
| Title           | DIRECTOR  | Title           | SENIOR VICE PRESIDENT-TAX |
| Name            | BROUSSARD, BRUCE DALE                                       | Name            | ROBINSON, DONALD H        |
| Address         | 500 WEST MAIN STREET  | Address         | 500 WEST MAIN STREET      |
| City-State-Zip: | LOUISVILLE KY 40202   | City-State-Zip: | LOUISVILLE KY 40202       |
|                 |   |                 | DIDECTOR                  |
| Title           | DIRECTOR, PRESIDENT   | Title           | DIRECTOR                  |
| Name            | BUCKINGHAM, RENEE J.  | Name            | FLEMING, WILLIAM K        |
| 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, DEPUTY<br>GENERAL COUNSEL, SECRETARY |                 |                           |
| Name            | NEWMAN, C. BROOKS   |                 |                           |
| Address         | 500 WEST MAIN STREET  |                 |                           |

City-State-Zip: LOUISVILLE KY 40202

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 H ROBINSON

SENIOR VICE PRESIDENT-TAX 01/20/2020

Date

Electronic Signature of Signing Officer/Director Detail

Date