

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31951

**Entity Name:** JACKSONVILLE SPORTS MEDICINE PROGRAM, INC.

**Current Principal Place of Business:**

3563 PHILIPS HIGHWAY  
502  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

3563 PHILIPS HIGHWAY  
502  
JACKSONVILLE, FL 32207 US

**FEI Number: 59-2997510**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SEFCIK, ROBERT  
3563 PHILIPS HIGHWAY  
502  
JACKSONVILLE, FL 32207 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 CHAIRMAN  
Name RUSH, JEREMY DR.  
Address 3563 PHILIPS HWY  
SUITE 502  
City-State-Zip: JACKSONVILLE FL 32207

Title VC  
Name MAYNARD, JENNIFER DR.  
Address 3563 PHILIPS HWY  
502  
City-State-Zip: JACKSONVILLE FL 32207

Title EXECUTIVE DIRECTOR  
Name SEFCIK, ROBERT  
Address 3563 PHILIPS HIGHWAY  
502  
City-State-Zip: JACKSONVILLE FL 32207

Title TREASURER  
Name JERRY, BRIDGHAM DR.  
Address 3563 PHILIPS HIGHWAY  
502  
City-State-Zip: JACKSONVILLE FL 32207

Title SECRETARY  
Name VICTOR, DERIENZIO  
Address 3563 PHILIPS HIGHWAY  
502  
City-State-Zip: JACKSONVILLE FL 32207

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT SEFCIK**

**EXECUTIVE DIRECTOR**

**01/25/2022**

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

\_\_\_\_\_  
Date