

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31951

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: JACKSONVILLE SPORTS MEDICINE PROGRAM, INC.

**Current Principal Place of Business:**

1325 SAN MARCO BLVD  
301  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

1325 SAN MARCO BLVD  
301  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: 59-2997510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SEFCIK, ROBERT  
1325 SAN MARCO BLVD  
301  
JACKSONVILLE, FL 32207 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DEVP ( ) Delete  
Name: SEFCIK, ROBERT  
Address: 1325 SAN MARCO BLVD # 301  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DP ( ) Delete  
Name: LUCIE, STEPHEN R M.D.  
Address: 1325 SAN MARCO BLVD 2ND FL  
City-St-Zip: JACKSONVILLE, FL

Title: DT ( ) Delete  
Name: FREEMAN, LARRY J  
Address: 800 PRUDENTIAL DR  
City-St-Zip: JACKSONVILLE, FL

Title: DVP ( ) Delete  
Name: CZERKAWSKI, JOE J MD  
Address: 807 NIRA ST.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DS ( ) Delete  
Name: PAUL, ZAWATSKY MD  
Address: 1325 SAN MARCO BLVD #301  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: CZERKAWSKI, JOE J MD  
Address: 1325 SAN MARCO BLVD #301  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT SEFCIK

DEVP

04/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date