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:			New P	New Principal Place of Business:		
	I MARCO BLVI)				
301 JACKSON	NVILLE, FL 322	207				
	Mailing Addres		New M	ailing Addre	ec.	
	_			iaiiiig , taare		
1325 SAN 301	I MARCO BLVI)				
	NVILLE, FL 322	207				
FEI Number	r: 59-2997510	FEI Number Applied For ()) FEI Number Not	Applicable ()	Certificate of Status Desire	d ()
Name and	d Address of (Current Registered Agen	t: Name	and Address	of New Registered Agent:	
301	ROBERT I MARCO BLVI IVILLE, FL 322					
	e named entity e of Florida.	submits this statement for	the purpose of chang	ing its register	red office or registered agent,	or both,
SIGNATU	RE:					
01011/110	Electro	nic Signature of Registered	d Agent		Date	
	Electron		-	IONS/CHAN	Date GES TO OFFICERS AND DIF	RECTORS
	S AND DIREC		-	TONS/CHANG		RECTORS
OFFICER Title: Name:	DEVP (SEFCIK, ROBE	ETORS:) Delete ERT	ADDIT Title: Name:		GES TO OFFICERS AND DIF	RECTOR
OFFICER	DEVP (SEFCIK, ROBE	ETORS:) Delete ERT RCO BLVD # 301	ADDIT	:	GES TO OFFICERS AND DIF	RECTORS
OFFICER Title: Name: Address:	DEVP (SEFCIK, ROBE 1325 SAN MAF JACKSONVILL	ETORS:) Delete ERT RCO BLVD # 301	ADDIT Title: Name: Address	:	GES TO OFFICERS AND DIF	RECTOR
OFFICER Title: Name: Address: City-St-Zip: Title: Name:	DEVP (SEFCIK, ROBE 1325 SAN MAR JACKSONVILL DP (LUCIE, STEPH	ETORS:) Delete ERT RCO BLVD # 301 E, FL 32207) Delete EN R M.D.	ADDIT Title: Name: Address City-St-2 Title: Name:	: Zip:	GES TO OFFICERS AND DIF	RECTOR
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	DEVP (SEFCIK, ROBE 1325 SAN MAR JACKSONVILL DP (LUCIE, STEPH	ETORS:) Delete ERT RCO BLVD # 301 E, FL 32207) Delete EN R M.D. RCO BLVD 2ND FL	ADDIT Title: Name: Address City-St-2 Title:	: Zip: :	GES TO OFFICERS AND DIF	RECTOR
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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