

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31951

FILED
Feb 08, 2012
Secretary of State

Entity Name: JACKSONVILLE SPORTS MEDICINE PROGRAM, INC.

Current Principal Place of Business:

1325 SAN MARCO
300
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1325 SAN MARCO
300
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
300
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
Name: SEFCIK, ROBERT
Address: 1325 SAN MARCO SUITE 300
City-St-Zip: JACKSONVILLE, FL 32207

Title: DP
Name: LUCIE, STEPHEN R M.D.
Address: 1325 SAN MARCO BLVD 2ND FL
City-St-Zip: JACKSONVILLE, FL 32207

Title: DT
Name: KAPLAN, KEVIN J
Address: 1325 SAN MARCO
City-St-Zip: JACKSONVILLE, FL 32207

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

Title: DS
Name: PAUL, ZAWATSKY MD
Address: 1325 SAN MARCO BLVD #301
City-St-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

EVP

02/08/2012

Electronic Signature of Signing Officer or Director

Date