

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001124

FILED  
May 11, 2010  
Secretary of State

Entity Name: UPSIDE OF DOWNS, INC.

**Current Principal Place of Business:**

3878 E. COUNTRY SIDE DRIVE  
INVERNESS, FL 34452

**New Principal Place of Business:**

**Current Mailing Address:**

3878 E. COUNTRY SIDE DRIVE  
INVERNESS, FL 34452

**New Mailing Address:**

FEI Number: 26-4194634      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

PHYSICIANS RESOURCE, LLC  
725 W. GRANDA BLVD.  
18  
ORMOND BCH., FL 32174 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SUMMERS, JOSHUA A  
Address: 3878 E. COUNTRY SIDE DRIVE  
City-St-Zip: INVERNESS, FL 34452

Title: VP  
Name: SUMMERS, KATHERINE C  
Address: 3878 E. COUNTRY SIDE DRIVE  
City-St-Zip: INVERNESS, FL 33452

Title: SEC  
Name: SUMMERS, KATHERINE C  
Address: 3878 E. COUNTRY SIDE DRIVE  
City-St-Zip: INVERNESS, FL 34452

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: JOSHUA A. SUMMERS

P

05/11/2010

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

\_\_\_\_\_  
Date