

No Filing Fee (See Instructions)

ID Number: 125024



*Well you LLC.*  
**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615

**CERTIFICATE OF CONVERSION**

(Insert full name of the entity following the conversion)

**SECTION I: TO BE COMPLETED BY ALL CONVERTING ENTITIES**

Pursuant to the applicable provisions of the Rhode Island General Laws, 1956, as amended, the undersigned (**check one box only**):

- "Other entity" or  Business Corporation or  Sole Proprietorship or
- Partnership (General, Limited, or Limited Liability Partnership) or  Limited Liability Company

submits the following Certificate of Conversion for the purpose of converting to a (**check one box only**):

- Limited Partnership or  Limited Liability Company or  Business Corporation

- a. The name of the converting entity filing this Certificate of Conversion is:  
New Horizons Medical Billing Inc.
- b. The date on which the converting entity was first created, formed, or otherwise came into being is:  
05/30/2002
- c. The jurisdiction where the converting entity was first created, formed, or otherwise came into being is:  
Providence, RI
- d. If the jurisdiction of the converting entity has changed since it was first created, state the jurisdiction of the entity immediately prior to the filing of the Certificate of Conversion: \_\_\_\_\_
- e. The name of the limited partnership or limited liability company or business corporation following the conversion is:  
New Horizons Medical Billing LLC.
- f. The certificate of conversion is filed as an accompanying certificate to the  certificate of limited partnership or  articles of organization or  articles of incorporation (**check one box only**) of the converting entity.
- g. This conversion has been approved in the manner provided for by the document, instrument, agreement or other writing, as the case may be, governing the internal affairs of the entity and the conduct of its business or by applicable law, as appropriate, and the  partnership agreement or  limited liability company agreement or  articles of incorporation (**check one box only**) shall be approved by the same authorization required to approve the conversion.
- h. The future date or time certain of the conversion to a  limited partnership or  limited liability company or  business corporation (**check one box only**) is to become effective, if later than the date of filing of the certificate of conversion and the  certificate of limited partnership or  articles of organization of a limited liability company or  articles of incorporation (**check one box only**) is: 07/01/08

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SECRETARY OF STATE

**FILED**  
JUL 08 2008  
By [Signature] 12:33

**SECTION II: TO BE COMPLETE BY ALL CONVERTING ENTITIES**

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Conversion, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth in Section 1A.

Date: 6/24/2008

\_\_\_\_\_  
Print Name of other entity

OR

\_\_\_\_\_  
Print Name of the Partnership

By: \_\_\_\_\_  
Signature of Authorized Person

By: \_\_\_\_\_  
Signature of Partner

By: \_\_\_\_\_  
Signature of Authorized Person

By: \_\_\_\_\_  
Signature of Partner

By: \_\_\_\_\_  
Signature of Partner

New Horizons Medical Billing Inc  
Print Name of Corporation

OR

\_\_\_\_\_  
Print Name of Sole Proprietorship

By: \_\_\_\_\_  
Signature of Authorized Person

By: \_\_\_\_\_  
Signature of Sole Proprietor

By: Paula Harrington  
Signature of Authorized Person

New Horizons Medical Billing LLC  
Print Name of Limited Liability Company

By: \_\_\_\_\_  
Signature of Authorized Person

By: Paula Harrington  
Signature of Authorized Person