



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 125024		2. Name of Corporation New Horizons Medical Billing Inc.			
3. Street Address Principal Business Office 57 Meredith Drive			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-935-2955		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Medical Billing					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paula Harrington			Vice President Name Brian Harrington		
Street Address 57 Meredith Drive			Street Address 57 Meredith Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Paula Harrington			Director Name Brian Harrington		
Street Address 57 Meredith Drive			Street Address 57 Meredith Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 without par value			None		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	FILED <i>m</i>
Check No.	APR 01 2008
By:	By <i>254353 10/37</i>
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Brian Harrington 3/28/08
Signature Date
Brian Harrington
Print or Type Name
Vice President
Title