

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

AUG 04 2010

CERTIFICATE OF CONVERSION

* AMF

Shape Up, Inc.

(Insert full name of the entity following the conversion)

SECTIO	ON I: TO BE COMPLETED BY	ALL CONVERTING ENTITIES			
Pursua box on		f the Rhode Island General Laws, 1956,	as amended, the undersigned (check one		
	☑ Limited Liability Company	<u>or</u>	☐ Business Corporation		
submits <i>only</i>):	bmits the following Certificate of Conversion for the purpose of converting to a non-Rhode Island Entity (<i>check one bolly</i>):				
	Other entity" or	☑ Business Corporation or	Sole Proprietorship <u>or</u>		
	Partnership (General, Limited, or Limited Liability Partnership) or Limited Liability Company				
a.	The name of the converting entity filing this Certificate of Conversion is: Providence Health Solutions, LLC				
	If the entity's name has been changed, the name under which it was originally organized:				
b.	The date on which the converting entity was first created, formed, or otherwise came into being is: October 18, 2006				
c.	The jurisdiction to which the entity is converting is: Delaware				
d.	The name of the entity following the conversion is: Shape Up, Inc.				
e.	This conversion has been approved in the manner provided for in §§ 7-1.2-1008 and 7-16.5.2(e) of the Rhode Island General Laws, 1956, as amended.				
f.	The converting entity revokes the authority of its registered/resident agent in this state to accept service of process, and consents that service of process in any action, suit, or proceeding based upon any cause of action arising in this state during the time the entity was authorized to transact business in this state may subsequently be made on the entity by service thereof on the Secretary of State of the State of Rhode Island, to which the converting entity irrevocably appoints the Secretary of State as it's agent to accept such service of process.				
g.	The address to which the Secretary of State may mail a copy of any process against the entity that is served on the Secretary of State: 111 Chestnut Street, Providence, RI 02903				
h.	The future date or time certain of the conversion is: upon filing				
		27:21 Hd - 4- 507 0.62			

ESSECTION RESIDENCES OF THE CONTRACT OF THE CO

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.

Date:_	8/4/10		
N/A			N/A
	Print Name of other entity	<u>OR</u>	Print Name of Partnership
Ву:			By:
,	Signature of Authorized Person		By:Signature of Partner
Ву:			Ву:
	Signature of Authorized Person		By:Signature of Partner
			Ву:
			By:Signature of Partner
N/A			N/A
	Print Name of Corporation	<u>OR</u>	Print Name of Sole Proprietorship
Ву:			Ву:
	Signature of Authorized Person Rajiv Kumar		By:Signature of Sole Proprietor
Ву:	Signature of Authorized Person		
	Signature of Authorized Person	•	
		<u>OR</u>	
Provid	lence Health Solutions, LLC		
Pri	nt Name of Limited Liabillty Company		
Ву:	Signature of Authorized Person Rajiv Kumar	negative to a	
By:	·		
~y·	Signature of Authorized Person		