# P07000118396

(Requestor's Name)	_			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)	—			
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
	1			

Office Use Only



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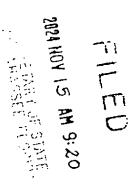
Conversion

11/15/24--01001 -000 \*\* JL.Dit

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SECRETARY OF THE TENTE OF THE TENTE

RECEIVED

A. RAMSEY



## **CORPORATE** ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN					
	PICK UP:	JENA 11/15			
XX	CERTIFIED COPY				
	РНОТОСОРУ				
XX	CUS	GS			
XX	FILING	CONVERSION			
1.	RIGHT HAND BEHAVIORAL HEALTH, INC. (CORPORATE NAME AND DOCUMENT #)				
2.	(CORPORATE NAME AND DOCUMENT #)				
3.	(CORPORATE NAME AND DOCUMENT #)				
4.	(CORPORATE NAME AND DOCUMENT #)				
5.	(CORPORATE NAME AND DOCUMENT #)				
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SPECIAL INSTRUCTIONS:					

#### **COVER LETTER**

	Iment Section on of Corporations		• •		
	ght Mind Behaviora	l Health, Inc.			
SUBJECT:		Name of Florida		tion	
The enclosed Albusiness entity f	rticles of Conversion and a formed under the laws of a	fee(s) are submit mother jurisdicti	ted to convert on in accorda	a Florida Profit ace with s. 607.1	Corporation into an a
Please return all	correspondence concerni	ng this matter to:			
Valerie Wes	thead, MD				
	Contact Perso	n .		• • •	
Right Mind	Behavioral Health, I	nc.			,
	Firm/Compan	у			•
8038 Maure	en Drive				
	Address		<del></del>		•
Cranberry T	wp, PA 16066	; · · · · · · · · · · · · · · · · · · ·	•		
,	City, State and Zip	Code			•
vawmd@att	.net				
E-mail add	ress: (to be used for future	annual report n	otification)		
For further infor	mation concerning this ma	itter, please call:			
Valerie Wes			107 (	417-5099	
Name	of Contact Person		rea Code and	Daytime Teleph	one Number
Enclosed is a che	eck for the following amou	ant:			
☐ \$35.00 Filing	Fee S43.75 Filing and Certificate Status	_	13.75 Filing Fo Certified Copy	Certified	0 Filing Fee, I Copy, and te of Status
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		. '	Division of The Centr 2415 N. M	dress: ent Section of Corporations e of Tallahassee Ionroe Street, Su	ite 810

607.1622 (10) As a condition of a conversion of a domestic corporation to another type of entity under s. 607.11930, the domestic corporation converting to the other type of entity must be active and current in filing its annual reports in the records of the department through December 31 of the calendar year in which the articles of conversion are submitted to the department for filing.

## **Articles of Conversion**

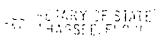
For

### Florida Profit Corporation Into a

Non-Florida Business Entity

# FILED

2024 NOV 15 AM 9: 20



The Articles of Conversion are submitted to convert the following Florida Profit Corporation into an a business entity formed under the laws of another jurisdiction in accordance with s. 607.11933, Florida Statutes.

1. The name of the Florida Profit Corpo Right Mind Behavioral Health, Inc	oration converting into the (converted) resulting business entity is:
	orida Profit Corporation
2. The name of the resulting business en Right Mind Behavioral Health, PO	•
	f (Converted) Resulting Business Entity Professional Corporation
Enter entity type. Example: limited	d liability company, limited partnership, general partnership, non-law or business trust, etc.)
organized formed or incompreted under	Pennsylvania
organized, formed of incorporated under	r the laws of  a non-U.S. entity, the name of the country)
	Corporation has converted into another business entity in
<ol><li>The plan of conversion was approved Chapter 607, F.S.</li></ol>	by the converting Florida Profit Corporation in accordance with
Pursuant to s. 607.11933(4)(6) F.S. The  1. The date and time provided by to  2. When the articles of conversion	conversion becomes effective at the later of: he organic law of the (converted) resulting entity; or take effect.
Signed this	day of November 20 <sup>24</sup> .
Signature: <u>Value W</u> E	Muder
(Must be signed by a Director, Officer Incorporator.)	, or, if Directors or Officers have not been selected, an
Printed Name: Valerie Westhead, MD	Title: President and CEO
Fees: Filing Fee:	\$35.00 \$8.75 (Optional) \$8.75 (Optional)