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**LIMITED LIABILITY COMPANY
SURGICAL OUTCOME SUPPORT, LLC**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION
OF
SURGICAL OUTCOME SUPPORT, LLC

ARTICLE I - NAME

The name of the limited liability company is Surgical Outcome Support, LLC, ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

600 Heritage Drive, Suite 100
Jupiter, Florida 33458

Mailing Address:

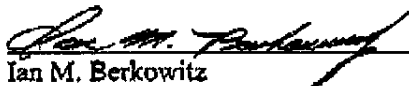
600 Heritage Drive, Suite 100
Jupiter, Florida 33458

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Ian M. Berkowitz
2385 Executive Ctr Dr Ste 190
Boca Raton, Florida 33431

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Ian M. Berkowitz

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ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGMR" = Managing Member	
 MGMR	 Biokinetex, LLC 600 Heritage Drive, Suite 110 Jupiter, Florida 33458

REQUIRED SIGNATURE:



 Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ian M. Berkowitz

 Typed or printed name of signee

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