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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Outcomes Management, Incorporated of New York, General Partner
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

(Name of Person)
American Outcomes Management, L.P.
(Firm/Company)
5009 South Hulen Street, Suite 107
(Address)
Fort Worth, TX 76132
(City/State and Zip code)

For further information concerning this matter, please call:

Karmun Stowe at (817) 263-4700 X 1003
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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AMERICAN
OUTCOMES
MANAGEMENT, L.P.

September 7, 2005

Florida Department of State
Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

Re: W05000040978

To Whom It May Concern:

This letter is being sent in regard to American Outcomes Management, Inc. of New York located at 5009 South Hulen Street, Suite 107, Fort Worth, TX 76132, application for authorization to transact business in Florida by a foreign corporation.

Per your request, please find enclosed corrected application referencing correct company name, **American Outcomes Management, Inc. of New York** which matches the certificate of existence recently submitted to the Florida Department of State.

If you have any questions, please contact Karmen Stowe at 800-556-4246 ext. 1003. Thank you for your prompt attention in this matter.

Sincerely,
American Outcomes Management, L.P.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 31, 2005

KARMEN STOWE
AMERICAN OUTCOMES MANAGEMENT, L.P.
5009 SOUTH HULEN STREET, SUITE 107
FORT WORTH, TX 76132

SUBJECT: AMERICAN OUTCOMES MANAGEMENT INCORPORATED OF
NEW YORK
Ref. Number: W05000040978

We have received your document for AMERICAN OUTCOMES MANAGEMENT INCORPORATED OF NEW YORK and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Apparently you sent the wrong certificate. I looked it up on the State of Delaware web site and saw two corporations that was similar in name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 905A00054856

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. American Outcomes Management, Inc. of New York
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 75-2882024
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/20/1994 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5009 South Hulen Street, Suite 107, Fort Worth, TX 76132
(Principal office address)

5009 South Hulen Street, Suite 107, Fort Worth, TX 76132
(Current mailing address)

8. Serve as General Partner for American Outcomes Management, L.P. who will
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
be shipping pharmaceuticals to patients homes in Florida.

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Incorp Services, Inc.

Office Address: 103 North Meridian Street

Tallahassee, Florida 32301
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Michael Liberty, Chief of Incorp Services, Inc.
Michael Liberty (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: Samuel Jampolis
Address: 7033 Hill Forest Drive
Dallas, TX 75230

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Samuel Jampolis
Address: 7033 Hill Forest Drive
Dallas, TX 75230

Vice President: Kevin O'Connor
Address: 186 Linden Avenue
Glen Ridge, NJ 07028

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Samuel Jampolis
(Signature of Director or Officer listed in number 12 of the application)

14. Samuel Jampolis Chairman and President
(Typed or printed name and capacity of person signing application)

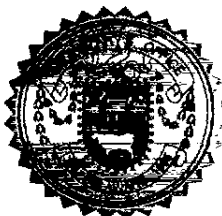
Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN OUTCOMES MANAGEMENT, INC. OF NEW YORK" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF AUGUST, A.D. 2005.

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TALLAHASSEE, FLORIDA



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050652792

Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4089743

DATE: 08-12-05