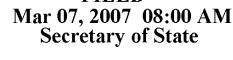
ANNUAL REPORT (AR) DOCUMENT # F05000005396 AMERICAN OUTCOMES MANAGEMENT, INC. OF NEW * YORK Principal Place of Business Mailing Address 5009 SOUTH HULEN STREET, SUITE 107







12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addiress, with all other like empowered.

IIILE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

SIGNATURE:

HILE

NAME

STREET ADDRESS

CITY-ST-ZIP

Samuel Jampolis 3/2/07

☐ Change

Addition