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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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9-25-06  
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**COVER LETTER**

**FILED**  
2006 SEP 22 A 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Surgical Outcome Support, Inc.

(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:

David A. Loppert

(Name of Person)

Surgical Outcome Support, Inc.

(Firm/Company)

600 Heritage Drive, Suite 110

(Address)

Jupiter, FL 33458

(City/State and Zip code)

For further information concerning this matter, please call:

David A. Loppert

(Name of Person)

at ( 561 ) 775-4874

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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

**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. **Surgical Outcome Support, Inc.**

(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**

(State or country under the law of which it is incorporated)

3. **20-5358832**

(FEI number, if applicable)

4. **August 8, 2006**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **August 8, 2006**

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

7. **600 Heritage Drive, Suite 110, Jupiter, FL 33458**

(Principal office address)

**600 Heritage Drive, Suite 110, Jupiter, FL 33458**

(Current mailing address)

8. **Any lawful business permitted**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: **Alys Nagler Daniels, Esq./Gary, Dytrych & Ryan, P.A.**

Office Address: **701 U.S. Highway One, Suite 402**

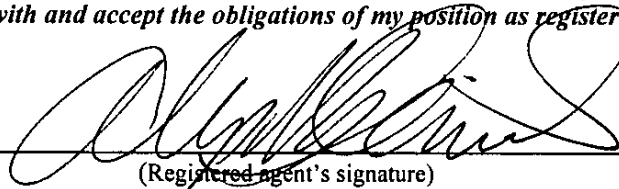
**North Palm Beach, Florida 33408**

(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.*



(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.

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

**A. DIRECTORS**

Chairman: and CEO - Michael Reed

Address: 600 Heritage Drive, Suite 110  
Jupiter, FL 33458

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Aaron Spector

Address: 600 Heritage Drive, Suite 110  
Jupiter, FL 33458

Director: and CFO - David A. Loppert

Address: 600 Heritage Drive, Suite 110  
Jupiter, FL 33458

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**B. OFFICERS**

President: Michael Reed

Address: 600 Heritage Drive, Suite 110  
Jupiter, FL 33458

Vice President: David A. Loppert

Address: 600 Heritage Drive, Suite 110  
Jupiter, FL 33458

Secretary: Aaron Spector

Address: 600 Heritage Drive, Suite 110, Jupiter, FL 33458

Treasurer: David A. Loppert

Address: 600 Heritage Drive, Suite 110, Jupiter, FL 33458

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. David A. Loppert, Executive Vice President and Director

(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 THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF "SURGICAL OUTCOME SUPPORT, INC.", FILED IN THIS OFFICE ON THE EIGHTH DAY OF AUGUST, A.D. 2006, AT 10:52 O'CLOCK A.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

FILED  
2006 SEP 22 A 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4957997

DATE: 08-08-06