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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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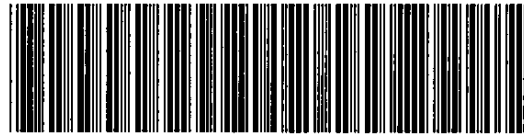
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W06-36417
C.G. 10-10

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Outcomes, 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:

Jeffrey R. Jones
(Name of Person)

Outcomes, Inc.
(Firm/Company)

905 E. Martin Luther King, Jr. Dr., Suite 110
(Address)

Tarpon Springs, FL 34689
(City/State and Zip code)

For further information concerning this matter, please call:

Jeffrey R. Jones at (727) 943-7622
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2006

JEFFREY R. JONES / OUTCOMES, INC.
905 E. MARTIN LUTHER KING JR. DR., #110
TARPON SPRINGS, FL 34689

SUBJECT: OUTCOMES, INC.
Ref. Number: W06000036417

We have received your document for OUTCOMES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6047.

Carolyn Lewis
Document Specialist

Letter Number: 606A00050943

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314



Corporate Office:
2408 Old Lynchburg Road
Charlottesville, VA 22903
(434) 984-2001

Florida Operations Center
905 E. Martin Luther King, #110
Tarpon Springs, FL 34689
(727) 943-7600

Kentucky Operations Center
166 Frontier Boulevard
Stanford, KY 40484
(866) 544-8007

October 2, 2006

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear sir or madam:

We are resubmitting our application to register this corporation as a foreign corporation in the State of Florida. You returned the document a few weeks ago because the name had been taken by a corporation that had been dissolved for less than a year. I spoke with your office this week and learned that the corporation has now been dissolved for more than one year. I have enclosed the following: (1) a check in the amount of \$87.50; (2) the Application; and (3) a certificate of good standing from the State of North Carolina.

Thank you for your time.

Respectfully,

Jeffrey R. Jones, MBA, JD

Ph: 727-943-7622

Fx: 727-943-7684

jjones@outcomesinc.com

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. Outcomes, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Outcomes, Inc. - Florida Operations

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

2. North Carolina

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

3. 56-2251258

(FEI number, if applicable)

4. 5/1/2001

(Date of incorporation)

5. Perpetual

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

6. No business transacted prior to registration.

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2408 Old Lynchburg Road, Charlottesville, VA 22903

(Principal office address)

905 E. Martin Luther King Jr. Dr., Suite 110, Tarpon Springs, FL 34689

(Current mailing address)

8. Any lawful purpose

(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: Jeffrey Jones

Office Address: 905 E. Martin Luther King Jr. Dr., Suite 110

Tarpon Springs

(City)

, Florida 34689

(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: Wanda Kochhar

Address: 2408 Old Lynchburg Road
Charlottesville, VA 22903

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: CEO: Anil Kochhar

Address: 2408 Old Lynchburg Road
Charlottesville, VA 22903

Vice President: _____

Address: _____

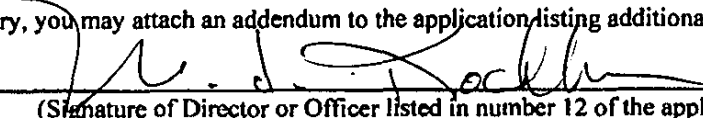
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Wanda Kochhar, Chairman
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

OUTCOMES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 1st day of May, 2001, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 25th day of September, 2006

Elaine F. Marshall

Secretary of State