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CONTACT:	CINDY HICKS	DRIDA JRIDA
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CORP. NAME:	Outcome Mana	rgement, LC.
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PLEASE RETURN:	COST L	CEIVED 27 AM 10: 38 SSEE, FLORIDAS MIT: \$
\wedge /	() CERTIFICATE OF GOOD STANDING	() PLAIN STAMPED COPY
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ARTICLES OF ORGANIZATION OF OUTCOME MANAGEMENT, L.L.C.

Article I - Name

The name of the Limited Liability Company is:

Outcome Management, L.L.C.

OD HAR 27 AM 11: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article II - Address

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

2663 Shriver Drive Ft. Myers, FL 33901

Article III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Thomas O. Matthews 2663 Shriver Drive Ft. Myers, FL 33901

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.

Thomas O. Matthews

Article IV - Management

The Limited Liability Company is to be managed by a manager and the name and address of such manager is Thomas O. Matthews, 2663 Shriver Drive, Ft. Myers, FL 33901.

DATED this 23 day of MARCH, 2000.

THOMAS O. MATTHEWS

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