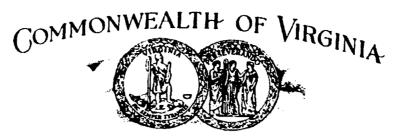
ENTITY NAME:	maratine	Fleathcase.
NAME CONFLICT WITH ID#:		ENTITY ID #:
CHARTER EXAMINER WORK	KSHEET	
CHARTER/ENTRANCE FEE		STATE OF INC.
FILING FEE	25	SPECIAL EFFECTIVE DATE/TIME
COPYWORK FEE		
OTAL	25	INDUSTRY CODE:
MENDMENT OR OTHER INF		12/19/01 CLR
PECIAL INSTRUCTIONS:		
OPYWORK REQUESTED	CORR	ESPONDENT:
		MAIL CALL
		FED EX

丁661678-3

CLINTON MILLER CHAIRMAN

THEODORE V. MORRISON, JR. COMMISSIONER

HULLIHEN WILLIAMS MOORE COMMISSIONER



JOEL H. PECK CLERK OF THE COMMISSION P.O. BOX 1197 RICHMOND, VIRGINIA 23218-1197

STATE CORPORATION COMMISSION
Office of the Clerk

December 20, 2001

IFAN MUFTY JAMEEL 5534 CAMPUS DRIVE VIRGINIA BEACH, VA 23462

RE: INNOVATIVE HEALTHCARE

ID: J001678 - 3 DCN: 01-12-06-0172

Dear Customer:

This is your receipt for \$25.00 covering the fees for filing a Statement of Partnership Authority with this office.

The effective date of the statement is December 20, 2001.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, 1-866-722-2551.

Sincerely,

Joel H. Peck Clerk of the Commission

Clerk of the Commission



COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

STATEMENT OF PARTNERSHIP AUTHORITY

The undersigned present this Statement of Partnership Authority pursuant to § 50-73.93 of the Code of Virginia.

1a.	The name of the partnership is:						
	INNOVATIVE HEALTHCARE						
1b.	The partnership was formed under the						
2.	The street address of the partnership's	(state or country) The street address of the partnership's chief executive office is:					
	5534 CAMPUS DRIVE	VIRGINIA BEACH	VA	23462 .			
	(number and street)	(city or town)	(state)	(zip code)			
3.	The street address of one office of the	The street address of one office of the partnership in this Commonwealth (if any) is:					
	5534 CAMPUS DRIVE	VIRGINIA BEACH	VA	23462 .			
	(number and street)	(city or town)	(z	ip code)			
4.	(Mark applicable box)						
	() The names and mailing addresses	s of <u>all</u> of the partners are:					
	Name	Address					
	Irfan Mufty Jameel, M.D.	5534 Campus Drive, Virginia Beach, VA 23462.					
	Sabuhi M. Jameel	5534 Campus Drive, Virginia B	each, V	A 23462.			
OR		f an agent appointed and maintained by t					
	Name	Address					
5.	The names of the partners authorized name of the partnership are: Irfan Mufty Jameel, M.D. (Name)	to execute an instrument transferring rea Sabuhi M. Jameel (Name		y held in the			
6.		ations on the authority, of some or all of partnership and any other matter: None.	the partn	ers to enter			
7.	Signatures of partners (must be executed by at least two): The individuals executing this document personally declare under penalty of perjury that the contents are accurate.						
	Infan M. Tameal	Sabuhi Jo	mee	L_			
				=			