

ENTITY NAME: Innovative Healthcare

ENTITY ID #: _____

NAME CONFLICT WITH ID#: _____

DCN #: ^{DR} 011206 0172 25.

NAME RESERVATION #: _____

CHARTER EXAMINER WORKSHEET

CHARTER/ENTRANCE FEE _____

STATE OF INC. _____

FILING FEE 25

SPECIAL EFFECTIVE DATE/TIME

COPYWORK FEE _____

TOTAL 25

INDUSTRY CODE: _____

AMENDMENT OR OTHER INFORMATION

Part Auth

12/19/01
CLR

SPECIAL INSTRUCTIONS:

COPYWORK REQUESTED _____ CORRESPONDENT _____

MAIL _____
CALL _____
FAX _____
FED EX _____

J061678-3

COMMONWEALTH OF VIRGINIA



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,

A handwritten signature in black ink that reads "Joel H. Peck".

Joel H. Peck
Clerk of the Commission

GPACCEPT
CIS0436



UPA-93
(10/01)

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 laws of VIRGINIA
(state or country)

2. 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 partnership in this Commonwealth (if any) is:

5534 CAMPUS DRIVE VIRGINIA BEACH VA 23462
(number and street) (city or town) (zip code)

4. (Mark applicable box)

() The names and mailing addresses of all 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 Beach, VA 23462.

OR

() The name and mailing address of an agent appointed and maintained by the partnership for the purpose of maintaining a list of the names and mailing addresses of all of the partners are:

Name

Address

5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership are:

Irfan Mufty Jameel, M.D. Sabuhi M. Jameel
(Name) (Name)

6. (Optional): State the authority, or limitations on the authority, of some or all of the partners to enter into other transactions on behalf of the partnership and any other matter: None.

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.

Irfan M. Jameel Sabuhi Jameel

SEE INSTRUCTIONS ON THE REVERSE

