JEFFERSON COUNTY

I, the undersigned authority, in and for said County, in said State, certify that Donald J. Sides, whose name as Attorney of Shelby County Hospital Board - dba Shelby Medical Center a corporation, is signed to the foregoing instrument, acknowledged before me on this day that, being informed of the contents of the instrument, he (as such Officer and with full authority), executed the same voluntarily (for and as the act of said corporation).

Given under my hand and official seal this the 18th day of August, 1986.

THIS INSTRUMENT WAS PREPARED BY:
Donald J. Sides
Sirote, Permutt, Friend, Friedman,
Held & Apolinsky, P.C.
2222 Arlington Avenue South
P. O. Box 55727
Birming labama 35255

Notary Public

My commission expires: 6-20-87