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STATE OF ALABAMA)

JEFFERSON COUNTY)

11:30 AM CERTIFIED

11:30 AM CERTIFIED

SHELBY COUNTY JUDGE OF PROBATE

8.50

I, the undersigned authority, in and for the said county, in said State, certify that the above signed Attorney of Shelby County Health Care Authorities D/B/A/ Shelby Medical Center a corporation, is signed to the foregoing instrument, acknowledged before me on this day, 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 $26 \, \mathrm{th} \, \mathrm{day} \, \mathrm{of} \, \underline{\hspace{1cm}} \mathrm{August} \, \underline{\hspace{1cm}} 19 \, \underline{\hspace{1cm}} 93 \, \underline{\hspace{1cm}} .$

THIS INSTRUMENT WAS PREPARED BY:

SIROTE & PERMUTT, P.C. 2222 Arlington Avenue South Post Office Box 55727 Birmingham, Alabama 35255 Notary Public

My commission expires:_

11-01-70