I, the undersigned authority in and for said County, in said
State, certify that the above-signed attorney of Shelby County Hospital Board
DBA Shelby Medical Center, a corporation, whose name 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  $15\mathrm{Th}$  day of November , 1993.

THIS INSTRUMENT WAS PREPARED BY:

SIROTE & PERMUTT, P.C. 2222 Arlington Avenue S. P.O. Box 55727 Birmingham, AL 35255-5727 (205) 933-7111 Notary Public
My Commission Expires: 9.29.97