

DESIGNATION OF HEALTH CARE SURROGATE
of
SIMON BERNSTEIN

Designation made this 16 day of August, 2000.

I, SIMON BERNSTEIN, do hereby declare, that in the event that I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I wish to designate as my surrogate for health care decisions:

Name: Shirley Bernstein
Address: 7020 Lions Head Lane
Boca Raton, Florida 33496
Phone: (561) 477-9096

If my surrogate is unwilling or unable to perform his duties, I wish to designate as my alternate surrogate:

Name: Lisa Sue Friedstein
Address: 2142 Churchill Lane
Highland Park, Illinois 60035
Phone: _____

I fully understand that this designation will permit my designee to make health care decisions and to provide, withhold, or withdraw consent on my behalf; to apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility.

Additional instructions:

Without limiting the generality of the foregoing, upon the activation of this designation as provided above I authorize my health care surrogate to arrange for medical, therapeutical and surgical procedures for me, the administration of medication, nutrition and hydration and to communicate the health care decisions made by me pursuant to this Designation of Health Care Surrogate. My health care surrogate shall specifically be excepted from making those decisions as may be subject to a Living Will which I may have executed; if no such

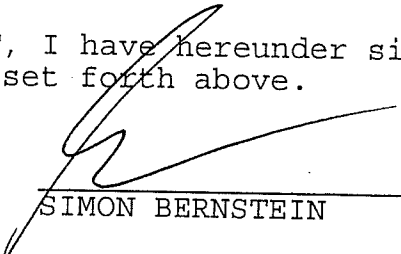


Living Will is found, I delegate to my health care surrogate the authority to consent to any withholding or withdrawing life-prolonging procedures as may be described in Part III of Chapter 765 of the Florida Statutes, as the same may be amended from time to time.

I further delegate to my health care surrogate the authority to contract in my name and on my behalf for all health care services, including, without limitation, medical, hospital and nursing care, which, in the opinion of my health care surrogate, I may require. I confirm that I will be and remain liable to pay for such health care services provided me at the direction of my health care surrogate and confirm that my health care surrogate shall have no liability to pay for any health care services contracted for on my behalf. I agree to indemnify and hold harmless my health care surrogate from and against all claims, damages, costs and expenses (including reasonable attorneys' fees) with respect to any decision, act, transaction or omission made or done in good faith in his or her capacity as my health care surrogate.

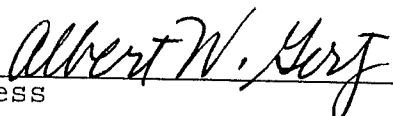
I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility.

IN WITNESS WHEREOF, I have hereunder signed my name and affixed my seal on the date set forth above.



SIMON BERNSTEIN (Seal)

Signed, sealed and delivered in the presence of the following, at least one of whom is neither a spouse or blood relative of the principal:



Witness

Print Name

Address

Witness

Print Name

Address

STATE OF FLORIDA)
) SS.:
COUNTY OF PALM BEACH)

Before me, the undersigned authority, personally appeared
SIMON BERNSTEIN, to me known and known to me to be the person described
in or who has produced _____ as identification,
and who executed the foregoing Designation of Health Care Surrogate and
he acknowledged to and before me that he executed the same for the
purposes therein expressed.

Witness my hand and seal on the ____ day of _____,
2000.

Notary Public

Print Name

Address
