DURABLE LIMITED POWER OF ATTORNEY TO PROVIDE MEDICAL CONSENT

KNOW ALL MEN BY THESE PRESENTS, that John L. Adams, Sr., a Florida resident domiciled at \_\_\_\_\_\_\_\_\_, hereafter “Principal,” does hereby nominate, constitute and appoint

John S. Adams Jr.

1111 Adams St.

Tallahassee, FL 32301

Home Phone: 111.555.0140

Work Phone: 111.555.1851

Cell Phone: 111.555.7399

as their attorney in fact for the limited purpose of making health care decisions (including, but not limited to those provided under Chapter 765, Florida Statutes, as well as providing informed consent for dental and/or medical treatment, surgical, and diagnostic procedures) on behalf of Principal.

Principal does hereby give and grant unto said attorney in fact full power and authority to do and perform every act necessary, requisite or proper to be done in and about the premises as fully as they might or could do were they personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof, with the following limitations:

1. This limited power of attorney shall be effective upon execution by Principal.

2. Principal fully understands that this designation will permit their attorney in fact to make health care decisions on behalf of Principal; to provide, withhold, or withdraw consent on Principal’s behalf; to apply for public benefits to defray the cost of health care; to authorize Principal’s admission to or transfer from a health care facility.

3. If the attorney in fact is unwilling or unable to perform their duties, the Principal designates as alternate attorney in fact:

Jason Adams

210 Auburn Lane

Miami, FL 33010

Home Phone: 111.887.5741

Cell Phone: 111.663.3218

4. This durable power of attorney is not terminated by the subsequent incapacity of the Principal except as provided in Chapter 709, Florida Statutes.

5. This limited power of attorney shall remain in full force and effect until revoked in writing signed by Principal.

6. A photocopy or electronically transmitted copy of this original power of attorney has the same effect as the original.

IN WITNESS WHEREOF, the undersigned has issued this durable limited power of attorney, effective as of the date set forth below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Principal)

John L. Adams Sr.

1111 Adams St., Tallahassee, FL 32301.

Sworn to (or affirmed) and subscribed before me this \_\_\_ day of \_\_\_\_\_\_\_\_, 2012, by John L. Adams Sr.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public – State of Florida

Commission Expires: \_\_\_\_\_\_\_

Print, type, or stamp commissioned name of notary public

Personally known OR Produced Identification

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Identification Provided

Witness: Witness:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print name and address) (Print name and address)