Z55470-20 030 E:F
S:46 E:46 1/1
A:3 V:1

AVENUE INVESTMENT MANAGEMENT
PAUL HARRIS
47 COLBORNE STREET, STE 300
TORONTO, ON M5E 1PB
CANADA

STATE STREET.
Serving Institutional Investors Worldwide™

STATE STREET TRUST
ATTN: PROXY SERVICES
1776 HERITAGE DRIVE
NORTH QUINCY MA 02171

VOTING INSTRUCTION FORM

MEDICAL FACILITIES CORPORATION ("MFC")

MEETING TYPE: SPECIAL MEETING
MEETING DATE: FRIDAY, MAY 13, 2011 AT 11:00 AM EDT
RECORD DATE: APRIL 13, 2011
CONTROL NO: 226015207140 CUID: T770 C81
ACCOUNT NO: HRT2SSTA 01 OM
PROXY DEPOSIT DATE: MAY 11, 2011 CUSIP: 58457VIPS

WE NEED TO RECEIVE YOUR VOTING INSTRUCTIONS AT LEAST ONE BUSINESS DAY BEFORE THE PROXY DEPOSIT DATE.

VOTE BY INTERNET:	**GO TO: *WWW.PROXYVOTE.COM*** Your 12-digit control number is located above.
VOTE BY TELEPHONE:	You may enter your voting instructions by telephone at: **English: 1-800-474-7493** or **French: 1-800-474-7501** Your 12-digit control number is located above.
VOTE BY MAIL:	This voting instruction form may be returned by mail in the envelope provided.
VOTE BY FACSIMILE:	905-507-7793 or 514-281-8911.

T2-102605 R3

APPOINTEE(S) DR. DONALD SCHELLPFEFFER OR, FAILING HIM, MICHAEL SALTER

IF YOU WISH TO ATTEND THE MEETING OR DESIGNATE ANOTHER PERSON TO ATTEND, VOTE AND ACT ON YOUR BEHALF AT THE MEETING, OR ANY ADJOURNMENT THEREOF, OTHER THAN THE PERSON(S) SPECIFIED ABOVE, PRINT YOUR NAME OR THE NAME OF THE PERSON ATTENDING THE MEETING ON THE APPOINTEE LINE BELOW.

01000000000000000000000007093

CONTROL NO. → 226015207140 150000

PLEASE PRINT APPOINTEE NAME

SEE VOTING INSTRUCTIONS ON REVERSE

ITEM(S) (FILL IN ONLY ONE BOX "■" PER ITEM IN BLACK OR BLUE INK)
VOTING RECOMMENDATIONS ARE INDICATED BY **HIGHLIGHTED TEXT** *OVER THE BOXES*

		FOR	AGAINST
01	THE NOTEHOLDER RESOLUTION AS SET FORTH ON SCHEDULE B OF THE MANAGEMENT INFORMATION CIRCULAR.	■	□

IF YOU HOLD COMMON SHARES AND SUBORDINATED NOTES OF MFC THROUGH IPSS, YOU MUST COMPLETE AND RETURN BOTH THE COMMON SHARE VOTING INSTRUCTION FORM (ON BLUE PAPER) AND THE SUBORDINATED NOTE VOTING INSTRUCTION FORM (ON PINK PAPER).

ITEM(S) (FILL IN ONLY ONE BOX "■" PER ITEM IN BLACK OR BLUE INK)
VOTING RECOMMENDATIONS ARE INDICATED BY **HIGHLIGHTED TEXT** *OVER THE BOXES*

PINK

NOTE THIS VOTING INSTRUCTION FORM CONFERS DISCRETIONARY AUTHORITY TO VOTE ON SUCH OTHE BUSINESS AS MAY PROPERLY COME BEFORE THE MEETING OR ANY ADJOURNMENT THEREOF.
NOTE THIS VOTING INSTRUCTION FORM SHOULD BE READ IN CONJUNCTION WITH THE ACCOMPANYING MANAGEMENT INFORMATION CIRCULAR.

SIGNATURE(S) ***INVALID IF NOT SIGNED*** DATE (DD/MM/YY)

226015207140