Exhibit S

Certified Translation MC-2011-529
Page 1 of 2

[Scanned Pages with Excerpts of Translation Inserted:]

GRUPO HIMA SAN PABLO

CONSENT FOR SURGERY

SANTANA CONCEPCION, MARIA
1023/1950 46Y F 883311
0601-03 05 MRN: 285785
ROSADO SANCHEZ, JULIO E.

I hereby request and authorize my head physician, Dr. Rosado, his/her associates and assistants or consultants that he/she deems necessary to provide me medical-surgical treatment during my hospitalization at the San Pablo hospital, Bayamón, Puerto Rico, or to have the following procedure performed on me:

Arachnoid cyst - drainage / fenestration / shunt

My physician has explained to me the nature of this procedure and the benefits of this procedure. My physician has also explained to me the risks inherent to it, which include, among others:

Infection, bleeding, risk of anesthesia

My physician has also explained to me the risks of not submitting myself to said procedure. There are other risks associated with every surgery, such as: severe loss of blood requiring blood transfusions and its derivatives, infection, cardiac arrest requiring cardiorespiratory resuscitation, pulmonary embolism, and complications from the anesthesia. I understand that in spite of providing me treatment for complications, there is no guarantee that I will favorably respond to them.

My physician has also explained to me the nature of the alternatives of treatment for my condition, the benefits and risks inherent to them and I understand that I have the elements necessary to make an informed decision to submit myself to the procedure indicated above. I understand that I have not been guaranteed or promised that the procedure authorized above will provide a particular result or cure for my condition.

If during the course of said procedure a non-foreseeable condition is discovered requiring a decision from the persons authorized above to provide me medical/-surgical treatment, to perform different procedures than those indicated herein, I authorize that those proceedings be performed on me if they are deemed appropriate.

I hereby authorize the members of the Medical Faculty of the San Pablo Hospital to carry out all studies they deem necessary of any tissues, organs or parts of the body that are removed during the medical-surgical intervention. I further authorize at for purposes of study, the photographs that the physicians deem necessary be taken.

I CERTIFY: That I have read or have been read this document of consent for surgery and I understand it, that I have had the opportunity of talking with my physicians regarding my doubts which were answered to my full satisfaction and I freely and voluntarily consent to the surgery mentioned above. I have had opportunity of scratching out and placing my initials next to any statement with which I do not consent.

[Signature]	11/17/06	4 pm
Signature of Patient	Date	Time
Signature of legal representative (Minor or Disabled Patient)	Date	Time
Signature of Witness	Date	Time

STATEMENT OF THE PHYSICIAN

I have explained to the patient/legal representative the nature of the condition of the patient, the procedure, possible risks, dangers, complications, and consequences that are or may be associated to the procedure or treatment described herein, in addition to the acceptable alternatives, other alternatives of treatment and risks if not treated. The patient or legal representative who has signed this document has indicated to me that he/she understands the above and has freely consented to the medical-surgical procedure.

[Signature]	11/17/06	4 pm
Signature of Patient	Date	Time

131042
Rev. 10/2003

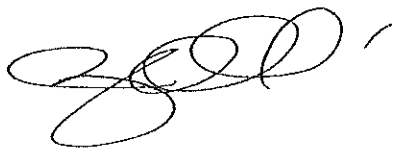
EXHIBIT EN
B
5/15/10

PROHIBITED FROM PROCESSING OR PHOTOCOPYING THE INFORMATION CONTAINED IN THIS RECORD TO THIRD PERSONS
MAY 01 2008
PAY TO THE ORDER OF
SAN JUAN, PUERTO RICO

No. 2011-529 TRANSLATOR'S CERTIFICATE OF ACCURACY

I, Mayra Cardona Durán, of legal age, single, resident of Guaynabo, Puerto Rico, Certified Interpreter of the United States Courts (Certification No. 98-020) and certified member of the National Association of Judiciary Interpreters (Member No. 10671) member in good standing of the American Translators Association (Member No. 230112), and admitted to the Puerto Rico Bar Association (Bar No. 12390) hereby CERTIFY: that according to the best of my knowledge and abilities, the foregoing is a true and rendition into English of the original Spanish text, which I have translated and it is stamped and sealed as described therein. This document is comprised of Two (2) pages, including this certification page, and does not contain changes or erasures.

In Guaynabo, Puerto Rico today, Monday, November 14, 2011.



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