



Bahamas International Securities Exchange

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#8 Village Gardens
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DIVIDEND DECLARATION FORM

BISX RULES, SECTION 7, SUBSECTION 2.1(1)(iv)

This form must be completed and filed with BISX whenever a Listed Company declares a dividend.

Table with 7 rows and 2 columns. Row 1: COMPANY NAME: DOCTORS HOSPITAL HEALTH SYSTEM LIMITED. Row 2: 1: Date approved by board: MARCH 15,2017. Row 3: 2: Publication / Notice Date (Attach copy): MARCH 16,2017. Row 4: 3: Record Date: MARCH 24,2017. Row 5: 4: Date Payable: MARCH 31,2017. Row 6: 5: Shares Issued & Outstanding: 9,971,634. Row 7: 6: Dividend Per Share (\$): B\$ 0.02. Row 8: 7: Dividend Paid YTD (\$): \$199,432,.68.

Date: MARCH 15, 2017

Signed by: (Please Print) PATRICIA SIMMMONS

Signature: [Handwritten Signature]
(Director, Corporate Secretary or Authorized Representative*)

* If signed by an Authorized Representative, a copy of the Resolution referencing the change must also be submitted with this form.

Table with 3 columns and 3 rows. Header: For Official Use Only. Row 1: Form Dated and Signed [], Copy of Notice attached [], Correction Required []. Row 2: Proper Notice Provided [], Market Control Review & Signoff []. Row 3: Public Disclosure Verified [], Legal & Compliance Review & Signoff [].