

**STATE OF ALABAMA — UNIFORM COMMERCIAL CODE
STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3**

039008

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Register, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303
(612) 421-1713

☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).

No. of Additional
Sheets Presented:

This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.

1. Return copy or recorded original to

**Zarah Elliott
NationsBank Business Credit
P.O. Box 3406
Atlanta, GA 30302-3406**

Pre-paid Acct. #

2. Name and Address of Debtor

(Last Name First if a Person)

**Physician Sales & Service, Inc.
7800 Belfort Parkway
Suite 250
Jacksonville, FL 32256**

Social Security/Tax ID #

2A. Name and Address of Debtor

(IF ANY)

(Last Name First if a Person)

Social Security/Tax ID #

☐ Additional debtors on attached UCC-E

3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)

**NationsBank of Georgia, N.A. as Agent
P.O. Box 3406
Atlanta, GA 30302-3406**

Social Security/Tax ID #

☐ Additional secured parties on attached UCC-E

5. ☒ This statement refers to original Financing Statement bearing File No. **1995-02124**

Filed with **Shelby Co., AL**

Date Filed **1/26/95**

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6. ☐ Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.

7. ☐ Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.

8. ☐ Partial or Full Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4.

9. ☒ Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.

10. ☐ Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.

11.

**Please change Debtor's Address to read: 4345 Southpoint Blvd.
Jacksonville, FL 32216**

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

Please change Secured Party's name to read:

NationsBank, N.A. ~~XXXXXX~~ as Agent

Check X if covered: ☐ Products of Collateral are also covered.

Physician Sales & Service, Inc.

Signature(s) of Debtor(s)

By: *[Signature]* **EDPCF**

Signature(s) of Debtor(s) (necessary only if item 9 is applicable)

Type Name of Individual or Business

NationsBank of Georgia, N.A. as Agent

n/k/a NationsBank, N.A. ~~XXXXXX~~ as Agent

Signature(s) of Secured Party(ies)

By: *[Signature]*

Signature(s) of Secured Party(ies)

Type Name of Individual or Business