STATE OF ALABAMA FULL SATISFACTION OF RECORDED LIEN JEFFERSON COUNTY KNOW ALL MEN BY THESE PRESENTS, that the undersigned, Attorney for _____Shelby County Health Care Authorities _____D/B/A/ Shelby Medical Center _____acknowledges full payment of the indebtedness secured by that certain judgment in the case of Shelby County Health Care Authorities D/B/A/ Shelby Medical Center V. James F. Carter , which said SM91-00795 judgment was recorded in the Office of the Judge of Probate of Shelby County, Alabama, in Book No. 354 , Page No. 842 , (and assigned to _____ in Book No. ____, Page No. _), and the undersigned does further hereby release and satisfy said judgment. IN WITNESS WHEREOF, the undersigned attorney has caused these presents to be executed this the 28th day of December , 199 2. PERMUTT / P.C. SIROTE 993-02090 By: Attorney STATE OF ALABAMA D8:38 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE JEFFERSON COUNTY I, the undersigned authority in and for said County, in said State, certify that the above-signed attorney of Shelby County Health Care Authorities D/B/A/ Shelby , a corporation, whose name is signed to the Med-foregoing instrument, acknowledged before me on this day, that icalbeing informed of the contents of the instrument, he, as such Cen-officer and with full authority, executed the same voluntarily for ter and as the act of said corporation. Given under my hand and official seal this the 28th day of December _**, 199**2. THIS INSTRUMENT WAS PREPARED BY: SIROTE & PERMUTT, P.C. My Commission Expires: 11-2 2222 Arlington Avenue S. P.O. Box 55727 Birmingham, AL 35255-5727 (205) 933-7111