

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

COPY CAT PRINTING CO.

**Important: Read Instructions on Back Before Filling out Form.**

<input type="checkbox"/> 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 Johnnie F. Vann, Esq. Sirote & Permutt, P. C. P. O. Box 18248 Huntsville, AL 35804  Pre-paid Acct. # _____		THIS SPACE FOR USE OF FILING OFFICER Date Time, Number & Filing Office           <div style="writing-mode: vertical-rl; transform: rotate(180deg);">                         Inst # 1994-28831                           09/21/1994-28831                          03:15 PM CERTIFIED                          SHELBY COUNTY JUDGE OF PROBATE                          001 MCD                     </div>
2. Name and Address of Debtor (Last Name First if a Person) SpectraHealth, Ltd. One Chase Corporate Drive, Suite 450 Birmingham, Alabama 35244  Social Security/Tax ID # _____		
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)     Social Security/Tax ID # _____		
<input type="checkbox"/> Additional debtors on attached UCC-E		
3. SECURED PARTY (Last Name First if a Person) The Medical Clinic, Board of the City of Hoover c/o City Hall Hoover, Alabama 35244  Social Security/Tax ID # _____		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person) AmSouth Bank of Alabama, as successor by conversion of charter of AmSouth Bank N.A. Corporate Trust Administration P. O. Box 11426 Birmingham, Alabama 35202
<input type="checkbox"/> Additional secured parties on attached UCC-E		
5. <input checked="" type="checkbox"/> This statement refers to original Financing Statement bearing File No. <u>1992-28190</u> Filed with <u>Shelby County Judge of Probate</u> Date Filed <u>11/25</u> 19 <u>92</u>		
6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. <input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. <input type="checkbox"/> Partial or <input type="checkbox"/> 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. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. 10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.		

11. \_\_\_\_\_

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

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

Signature(s) of Debtor(s)  Signature(s) of Debtor(s) (necessary only if item 9 is applicable)  Type Name of Individual or Business	The Medical Clinic Board of the City of Hoover By: _____ Its Signature(s) of Secured Party(ies) AmSouth Bank of Alabama, Trustee Signature(s) of Secured Party(ies) By: <u>Kevin Smith</u> Its Type Name of Individual or Business <u>Kevin Smith &amp; CTO</u>
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(1) FILING OFFICER COPY — ALPHABETICAL    (3) FILING OFFICER COPY — ACKNOWLEDGEMENT    (5) FILE COPY DEBTOR(S)  
 (2) FILING OFFICER COPY — NUMERICAL    (4) FILE COPY — SECOND PARTY(S)    STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3  
 Approved by The Secretary of State of Alabama