NOTICE OF HOSPITAL LIEN

PURSUANT TO THE CODE OF ALABAMA, SECTIONS 35-11-370 AND 35-11-372:

NOTICE IS HEREBY GIVEN that SYNDICATED OFFICE SYSTEMS dba CENTRAL FINANCIAL CONTROL, assignee of BROOKWOOD MEDICAL CENTER located at 2010 BROOKWOOD MEDICAL CENTER DRIVE BIRMINGHAM, AL 35209, has rendered services and treatment to JOHN NIX a person residing at PO BOX 356 SILURIA, AL 35144. Said person was injured on or about MARCH 31, 1995, and was treated by BROOKWOOD MEDICAL CENTER from MARCH 31, 1995 to MARCH 31, 1995. SYNDICATED OFFICE SYSTEMS dba CENTRAL FINANCIAL CONTROL hereby claims a lien in the amount of \$4,386.31 upon any and all causes of action, suits, claims, counterclaims, and demands accruing to JOHN NIX, and upon all judgments, settlements and settlement agreements entered into by virtue of the injuries giving rise to such causes of action, suits, claims, counterclaims, demands, judgments, settlements or settlement agreements, and which necessitated the treatment and care by BROOKWOOD MEDICAL CENTER. To the best knowledge and belief of this claimant, the entity(s) liable on account of the injuries to JOHN NIX are as follows:

ATTY	REFUSES 4 OLG PV 10:17 AM CE SHELBY COUNTY JUDG 001 SNA	KITL TO	7.	
Executed this 3/ day of October	, 19 <u>96</u> .	By	ch Manager	
Before me, <u>Joina L. Willson</u> of Georgia, personally appeared TAUNIA I say:	, a Notary Public in HENSSLER , who be	n and foreing by me first o	duly sworn, does	, State depose and
That he/she is employed by SYNDICATED in the capacity of Branch Manager, and as statement of lien, and that the same are true	such has personal kno	S dba CENTRA wledge of the fa (Affiant)	L FINANCIAL (cts set forth in the	
SUBSCRIBED and sworn to before me this My Commission Expires: June 22, 1		October Notary P	ublic)	, 19 96
Notary Public, Cobb County, Georgia My Commission Expires June 32 1999				