

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

REORDER FROM  
**Registre, Inc.**  
544 PIERCE ST.  
P.O. BOX 218  
ANDOVER, MN. 55303  
(612) 421-1713

<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: <b>Zarah Elliott</b> <b>NationsBank Business Credit</b> <b>P.O. Box 3406</b> <b>Atlanta, GA 30302-3406</b>				THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Pre-paid Acct. #				<div>Inst # 1995-26680</div> <div>07/14/1998-26680</div> <div>01:31 PM CERTIFIED</div> <div>SHELBY COUNTY JUDGE OF PROBATE</div> <div>001 MCB</div>	
2. Name and Address of Debtor (Last Name First if a Person) <b>Physician Sales &amp; Service, Inc.</b> <b>XXXXXXXXXXXXXXXXXX 4345 Southpoint Blvd.</b> <b>XXXXXXXXXX</b> <b>Jacksonville, FL 32216</b>					
Social Security/Tax ID #					
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)				FILED WITH:	
Social Security/Tax ID #					
<input type="checkbox"/> Additional debtors on attached UCC-E					
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) <b>NationsBank, N.A., as Agent</b> <b>P.O. Box 3406</b> <b>Atlanta, GA 30302-3406</b>				4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)	
Social Security/Tax ID #					
<input type="checkbox"/> Additional secured parties on attached UCC-E					
5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. <b>1995-02124</b> Filed with <b>Shelby Co., AL</b>				Date Filed <b>1/26</b> 19 <b>95</b>	
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:					
<div>Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.</div>					
Signature(s) of Debtor(s)				Signature(s) of Secured Party(ies)	
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)				By: <b>James C. Hall, Jr</b> Signature(s) of Secured Party(ies)	
Type Name of Individual or Business				Type Name of Individual or Business	
(1) FILING OFFICER COPY - ALPHABETICAL		(3) FILING OFFICER COPY-ACKNOWLEDGEMENT		STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3	
(2) FILING OFFICER COPY - NUMERICAL		(4) FILE COPY - SECURED		Approved by The Secretary of State of Alabama	
				(5) FILE COPY DEBTOR(S)	