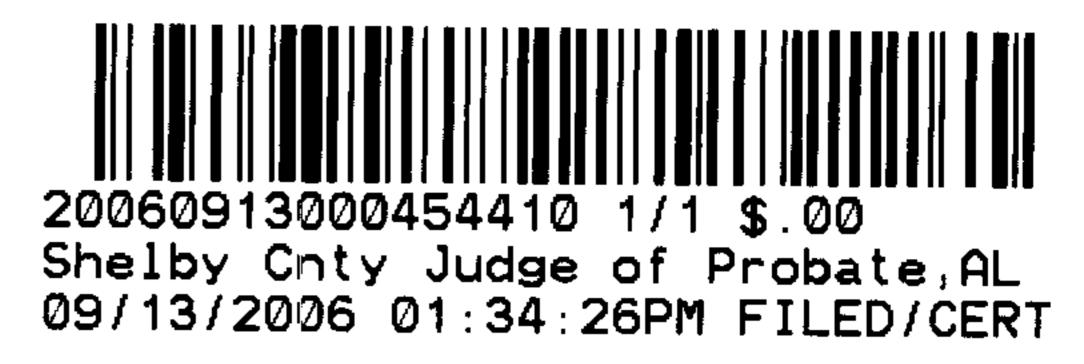
		.



UCC FINANCING STATEMENT AMENDMEN	VT		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional] CINDY BURDETT			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
FIRST COMMERCIAL BANK			
800 SHADES CREEK PARKWAY			
BIRMINGHAM,AL 35209			
	THE ABOVE	SPACE IS FOR FILING OFFICE	LISE ONLY
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEM	
#INST # 1992-28263 SHELBY COUNTY AL		to be filed [for record] (or record) to be filed [for record] to be fil	•
2. TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interest(s) of		
3. CONTINUATION: Effectiveness of the Financing Statement identified ab			
continued for the additional period provided by applicable law.			
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and			
5. AMENDMENT (PARTY INFORMATION): This Amendment affects D		y one of these two boxes.	
Also check one of the following three boxes and provide appropriate information in			
CHANGE name and/or address: Give current record name in item 6a or 6b; al name (if name change) in item 7a or 7b and/or new address (if address change)	so give new DELETE name: Give record re) in item 7c. to be deleted in item 6a or 6b.		em 7a or 7b, and also ems 7d-7g (if applicable)
6. CURRENT RECORD INFORMATION:	· · · · · · · · · · · · · · · · · · ·		
6a. ORGANIZATION'S NAME MEDDI EX TWO INC			
MEDPLEX TWO, INC. 6b. INDIVIDUAL'S LAST NAME			
OD. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
OR 7b. INDIVIDUAL'S LAST NAME			
7 D. INDIVIDUAL S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7- 14411 1210 4000			
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION			, <u></u>
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	any
DEBTOR			NON
B. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restated collate	ral description, or describe collateral assigne	∍d.	
. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	IENDMENT (name of assignor, if this is an Assign	ment). If this is an Amendment authori	zed by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME	by a Deptor, check here and enter name of D	EBIOR authorizing this Amendment.	7°7 • • • • • • • • • • • • • • • • • •
FIRST COMMERCIAL BANK			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
O OPTIONAL FILER REFERENCE DATA			
7175847-1			