

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

20061115000560170 1/3 \$30.00
Shelby Cnty Judge of Probate, AL
11/15/2006 02:35:54PM FILED/CERT**A. NAME & PHONE OF CONTACT AT FILER [optional]**

Michael B. Johnson, Esq. 214/745-5202

B. SEND ACKNOWLEDGMENT TO: (Name and Address)Michael B. Johnson, Esq.
Winstead Sechrest & Minick P.C.
1201 Elm Street, Suite 5400
Dallas, Texas 75270

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names**1a. ORGANIZATION'S NAME****MEDPLEX GROUP, LLC****OR 1b. INDIVIDUAL'S LAST NAME****FIRST NAME****MIDDLE NAME****SUFFIX****1c. MAILING ADDRESS**

1904 First Avenue South, Suite 300

CITY

Birmingham

STATE

AL

POSTAL CODE

35203

COUNTRY

USA

1d. SEE INSTRUCTIONS**ADD'L INFO RE
ORGANIZATION
DEBTOR****1e. TYPE OF ORGANIZATION**

Limited Liability Company

**1f. JURISDICTION OF
ORGANIZATION**

Alabama

1g. ORGANIZATION ID#, if any☒ NONE**2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names****2a. ORGANIZATION'S NAME****OR 2b. INDIVIDUAL'S LAST NAME****FIRST NAME****MIDDLE NAME****SUFFIX****2c. MAILING ADDRESS****CITY****STATE****POSTAL CODE****COUNTRY****2d. SEE INSTRUCTIONS****ADD'L INFO RE
ORGANIZATION
DEBTOR****2e. TYPE OF ORGANIZATION****2f. JURISDICTION OF
ORGANIZATION****2g. ORGANIZATION ID#, if any**☐ NONE**3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)****3a. ORGANIZATION'S NAME****COUNTRYWIDE COMMERCIAL REAL ESTATE FINANCE, INC.****OR 3b. INDIVIDUAL'S LAST NAME****FIRST NAME****MIDDLE NAME****SUFFIX****3c. MAILING ADDRESS**

4500 Park Granada

CITY

Calabasas

STATE

CA

POSTAL CODE

91302

COUNTRY

USA

4. This FINANCING STATEMENT covers the following collateral.

All assets and all personal property now or hereafter owned by Debtor (the "Collateral"). Proceeds of the Collateral are also covered. The appropriate mortgage tax has been paid on the related Mortgage, Security Agreement and Assignment of Leases and Rents.

This financing statement is to be cross-indexed in the real estate records.

5. ALTERNATIVE DESIGNATION [if applicable] ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING**6. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS** Attach Addendum [if applicable]**7. Check to REQUEST SEARCH REPORT(S) on Debtor(s)** [ADDITIONAL FEE] [optional]☐ All Debtors ☐ Debtor 1 ☐ Debtor 2**8. OPTIONAL FILER REFERENCE DATA**

County: Shelby, Alabama

45523-55

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a OR 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME

MEDPLEX GROUP, LLC

OR

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX



20061115000560170 2/3 \$30.00
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10. MISCELLANEOUS:

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ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11d. SEE INSTRUCTIONS

ADD'L INFO RE
ORGANIZATION
DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATION ID#, if any

☐ NONE

12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

12c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or

☐ as-extracted collateral, or is filed as a ☒ fixture filing

14. Description of real estate:

See Exhibit A attached hereto and incorporated herein
by reference for all purposes.

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY

☐ Filed in connection with a Manufactured-Home Transaction - effective 30 years


☐ Filed in connection with a Public-Finance Transaction - effective 30 years

Debtor Name:
MEDPLEX GROUP, LLC

Item No. 14 continued:

EXHIBIT "A"

Property Description


20061115000560170 3/3 \$30.00
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PARCEL I:

Lot 1-A, according to the Resurvey of Lots 2, 4, and 5, Medplex, as recorded in Map Book 15, page 20, in the Probate Office of Shelby County, Alabama; being situated in Shelby County, Alabama.

Together with beneficial rights granted in those certain easements and other instruments recorded in Real Book 153 page 395, Real Book 155 page 944, Real Book 154 page 735, Real Book 170 page 303 and Map Book 15 page 20 in the Probate Office of Shelby County, Alabama.

PARCEL II:

Lot 2-A, according to the Resurvey of Lots 2, 4, and 5, Medplex, as recorded in Map Book 15, page 20, in the Probate Office of Shelby County, Alabama; being situated in Shelby County, Alabama.

Together with beneficial rights granted in those certain easements and other instruments recorded in Real Book 153 page 395, Real Book 155 page 944, Real Book 154 page 735, Real Book 170 page 303 and Map Book 15 page 20 in the Probate Office of Shelby County, Alabama.

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45523-55 10/16/2006