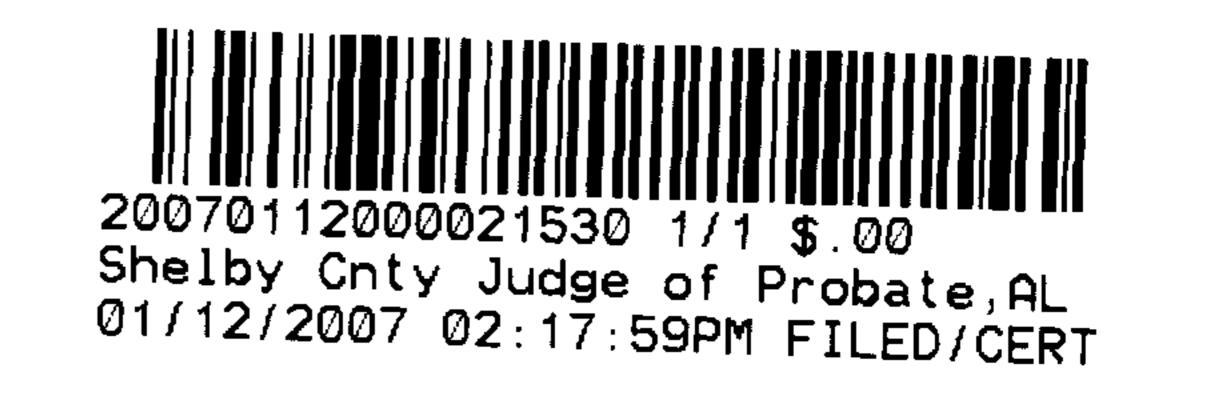
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UCC FINANCING STATEMENT AMENDMEN				
FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER [optional]				
Sharon Kilgore (205) 313-8114				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Attn: Sharon Kilgore				
Red Mountain Bank				
P.O. Box 381748				
Birmingham, AL 35238				
	THE ABOVE SPA		R FILING OFFICE USE O	
1a. INITIAL FINANCING STATEMENT FILE#			FINANCING STATEMENT A	
Instrument #20060403000153650		REA	filed [for record] (or recorde LESTATE RECORDS.	a)
2. TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of the S	Secured Party	authorizing this Termination	Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	ve with respect to security interest(s) of the Secured	Party author	rizing this Continuation State	ment is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	ddress of assignee in item 7c; and also give name of	assignor in it	em 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Deb			بيانا والمناور والمساور والماري	
Also check one of the following three boxes and provide appropriate information in it		19 01 117000 11		
		a	name: Complete item 7a o	r 7b, and also
CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)	in item 7c. to be deleted in item 6a or 6b.	iten	7c; also complete items 7d-	7g (if applicable).
6. CURRENT RECORD INFORMATION:				
6a. ORGANIZATION'S NAME				
Medplex Group, LLC	· · · · · · · · · · · · · · · · · · ·	·	<u>,</u>	
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME SUFFIX	
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME				
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX		SUFFIX
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGA	NIZATIONAL ID #, if any	NONE
				NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collaterates.	al description, or describe collateral assigned.			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMB adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME Red Mountain Bank 9b. INDIVIDUAL'S LAST NAME			izing this Amendment.	a Debtor which
10, OPTIONAL FILER REFERENCE DATA		• • • • • • • • • • • • • • • • • • • •		
Loan #400065700 and #400065800/Shelby County JOP				