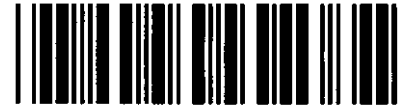


JUDGMENT LIEN CERTIFICATE

FOR PURPOSES OF FILING A JUDGMENT LIEN, THE FOLLOWING INFORMATION IS SUBMITTED IN ACCORDANCE WITH s. 55.203, FLORIDA STATUTES.

DO NOT PHOTOCOPY THIS FORM PRIOR TO USE.
BAR CODE MUST BE LEGIBLE.



1. JUDGMENT DEBTOR (DEFENDANT) NAME AS SHOWN ON JUDGMENT, IF AN INDIVIDUAL, IS:

Pendergraft, IV, M.D. James S
LAST NAME FIRST NAME M I.
609 Virginia Drive
MAILING ADDRESS
Orlando FL 32803
CITY ST ZIP

2. ADDITIONAL JUDGMENT DEBTOR, IF AN INDIVIDUAL, IS:

LAST NAME FIRST NAME M I.

MAILING ADDRESS

CITY ST ZIP

3. JUDGMENT DEBTOR (DEFENDANT) NAME AS SHOWN ON JUDGMENT, IF A BUSINESS ENTITY, IS:

Orlando Women's Center, LLC as successor to Orlando Women's Center Inc.
BUSINESS ENTITY NAME
1103 Lucerne Terrace
MAILING ADDRESS
Orlando FL 32806
CITY ST ZIP

4. FEDERAL EMPLOYER IDENTIFICATION NUMBER: 593371179

5. DEPARTMENT OF STATE DOCUMENT FILE NUMBER: M06000005262

PLEASE CHECK BOX IF DOCUMENT NUMBER IS NOT APPLICABLE

6. JUDGMENT CREDITOR (PLAINTIFF) NAME AS SHOWN ON JUDGMENT OR CURRENT OWNER OF JUDGMENT, IF ASSIGNED:

C.H. as Settlor of the J.F. Special Needs Trust
CREDITOR NAME (S)
2039 Garwood Drive (See attached page for 2nd Judgment Creditor (Plaintiff))
MAILING ADDRESS
Orlando FL 32822
CITY ST ZIP

7. DEPARTMENT OF STATE DOCUMENT FILE NUMBER: _____

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8. OWNER'S ATTORNEY OR AUTHORIZED REPRESENTATIVE (ACKNOWLEDGMENT OF FILING WILL BE SENT TO THIS ADDRESS)

Richard J. Stone, P.A., Richard J. Stone Trust Account
NAME
Two Datan Center, P.H. 1-A, 9130 S. Dadeland Blvd.
MAILING ADDRESS
Miami FL 33156
CITY ST ZIP

9. AMOUNT DUE ON MONEY JUDGMENT: \$18,737,660.16

10. APPLICABLE STATUTORY INTEREST RATE: 6% per annum

11. NAME OF COURT:

9th Judicial Circuit In and For

Orange County, Florida

12. CASE NUMBER:

2004-CA-1202 Division 34

13. DATE OF ENTRY: July 21 2011
MONTH DAY YEAR

UNDER PENALTY OF PERJURY, I hereby certify that: (1) The judgment above described has become final and there is no stay of the judgment or its enforcement in effect; (2) All of the information set forth above is true, correct, current and complete; (3) I have not previously filed a Judgment Lien Certificate regarding the above judgment with the Department of State; and, (4) I have complied with all applicable laws in submitting this Judgment Lien Certificate for filing.

SIGNATURE OF CREDITOR OR AUTHORIZED REPRESENTATIVE

Richard J. Stone, Esq.
PRINT NAME

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JUDGMENT LIEN CERTIFICATE

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PAGE 2

1. JUDGMENT CREDITOR (PLAINTIFF) NAME AS SHOWN ON JUDGMENT OR CURRENT OWNER OF JUDGMENT,
IF ASSIGNED:

THE CENTER FOR SPECIAL NEEDS TRUST ADMINISTRATION, INC., as Trustee of the J.F. SPECIAL NEEDS TRUST
CREDITOR NAME (S)
4912 Creekside Drive
MAILING ADDRESS
Clearwater, Florida 33760