



INSTR [REDACTED]
OR [REDACTED]
MARTHA O. HAYNIE, COMPTROLLER
ORANGE COUNTY, FL-
[REDACTED] PM
REC FEE [REDACTED]
LAST PAGE

RELEASE OF CLAIM OF LIEN OF ORLANDO REGIONAL HEALTHCARE, INC.
Account No. [REDACTED]

Comes now, ORLANDO REGIONAL HEALTHCARE by its undersigned, Deborah Sotello, who is duly authorized to execute this Release and does hereby acknowledge receipt of payment and/or adjustment of \$135,533.00 toward the original debt of \$135,533.00 for hospital care, treatment and maintenance of

PATIENT: [REDACTED]
[REDACTED]
[REDACTED]
Orlando, FL 32829

ORLANDO REGIONAL HEALTHCARE admission date [REDACTED] to date of discharge Patient in House does hereby satisfy, release cancel the Claim of Lien of ORLANDO REGIONAL HEALTHCARE SYSTEM, as recorded in Official Records Book [REDACTED] Page [REDACTED] on [REDACTED] in the county of ORANGE Florida. Filed under Chapter 59-1024, as amended, and Chapter 71-39, Laws of Florida, as well as Chapter 57-1644, ORANGE County Code Book, on behalf of ORLANDO REGIONAL HEALTHCARE in the Office of the Clerk of the Circuit Court in ORANGE Florida.

In witness whereof, I have hereunto affixed my signature this [REDACTED] day of January, 2006.

ORLANDO REGIONAL HEALTHCARE
[Signature]
Deborah Sotello, Supervisor
Patient Financial Services

Signed, sealed and delivered in presence of:
[Signature]
Tommie Smith
[Signature]
William A. Lawson

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 19th day of January, 2006 by Deborah Sotello, of ORLANDO REGIONAL HEALTHCARE who is personally known to me and did not take an oath.

[Signature]
Notary Public

This instrument was prepared by:
Deborah Sotello, Supervisor
Patient Financial Services
1414 Kuhl Ave MP 15 - Legal
Orlando, FL 32806

