

In the United States District Court For the Middle District of Alabama

ASD SPECIALTY HEALTHCARE, INC. d/b/a
ONCOLOGY SUPPLY COMPANY,

Plaintiff(s),

v.

DAVID A. FLICK, M.D., P.A.; and

DAVID A. FLICK,

Defendant(s).

SUMMONS

(Issued pursuant to Rule 4
of the Federal Rules of
Civil Procedure or other
appropriate laws.)

CIVIL ACTION CASE NUMBER:

1:07cv428-WKW

TO DEFENDANT

David A. Flick
103 14th Avenue B
Indian Rocks Beach, FL 33785

You are hereby summoned and required to serve upon plaintiff's attorney(s):

Elizabeth B. Shirley
BURR & FORMAN, LLP
3400 Wachovia Tower
420 North 20th Street
Birmingham, AL 35203

a response to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. IF YOU FAIL TO DO SO, JUDGMENT BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF DEMANDED IN THE COMPLAINT. A signed copy of your response MUST also be filed with the court.

DATE:

5/16/07

Debra P. Hackett

_____, CLERK

SEE REVERSE SIDE FOR RETURN

By:

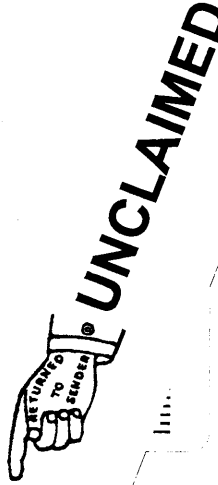
Deputy Clerk
(SEAL OF COURT)

NOTE: A separate summons must be prepared for each defendant.

DEBRA P. HACKETT, CLK
U.S. DISTRICT COURT
MIDDLE DISTRICT ALA

FIRST CLASS MAIL

- Forwarding Order Expired
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted-Not Known
- No Such Street
- No Such Number
- No Receiptable
- Returned
- Vacant



Handwritten: 5-22-07
5-22-07
5-22-07

- Forwarding Order Expired
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted-Not Known
- No Such Street
- No Such Number
- No Receiptable
- Returned
- Vacant

Montgomery, AL 36101-0711
Birmingham, AL 35205

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the piece, or on the front if space permits.

1. Article Addressed to:

David
10

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

Handwritten: S+C
07CV428

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (*Extra Fee*) Yes