[redacted]

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [Optional]

Paul Plourde 401-453-0550 Ext. 202

B. SEND ACKNOWLEDGMENT TO: [Name and Address]

Paul Plourde
50 Exchange Terrace, Suite 320
Providence, RI 02903

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE#

643248 dated October 4, 1995

1b. ☐ THE FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2. ☐ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) if the Secured Party authorizing this Termination Statement.

3. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ☐ ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This amendment affects ☑ Debtor or ☐ Secured Party of record. Check only one of these two boxes..

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

☐ CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.

☐ DELETE name: Give record name to be deleted in item 6a or 6b.

☐ ADD name: Complete item in 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR Stephen P. Lepre Associates Physical Therapy Services, Inc.

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

7d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any ☐ NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral ☑ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.

All tangible assets located at 1539 Atwood Avenue, Johnston, Rhode Island, including, but not limited to the items on the attached "Exhibit A".

Debtor's membership in the Physical Therapy Provider Network ("PTPN") which relates to Johnston, RI.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ☐ and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME

OR Citizens Bank of Rhode Island

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA

EXHIBIT A

Assets

Brother MFC 8220 88610 Fax Machine

Medical Equipment

1. Nautilus NTR700 Treadmill
2. Stairmaster
3. Hydorcollator Heating Unit, Mobile
4. Chattanooga Vectra 2C combination
5. Chattanooga Vectra 2C Combination
6. Total Gym Start-Up Package
7. Chattanooga TRT-200 Hi-Lo Treatr
8. Saunders Cervical Traction Ankle P
9. Schwinn Airdyne Windjammer UBI
10. Plyo-Back Rebounder, Plyo Package
11. Vhi Prescription Exer & Rehabilitation
12. Hydraulic Hand Held Dynamometer
13. Maytag Stack Pair Washer/Dryer

Office Equipment

1. Office Computer System-Dell
2. HP Laserjet w/LCD & Firewall
3. Brother MFC 8220 88610 Fax Mac

Pappas/BillSale(5.25.07)