

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

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B. SEND ACKNOWLEDGMENT TO: (Name and Address)

**RBS Asset Finance, Inc.**  
**189 Canal Street**  
**Providence, RI 02903**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # **200604222000 RI**

1b. This 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) of 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: Please refer to the detailed instructions in regards to changing the name/address of a party.  DELETE name: Give record name to be deleted in item 6a or 6b.  ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME  
**Medical Associates of Rhode Island, Inc.**

OR

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. SEE INSTRUCTIONS 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.

**SUBORDINATION**

The secured party identified below hereby subordinates its interest to the interest of RBS Asset Finance, Inc., 189 Canal Street, Providence, RI 02903, with respect to Equipment listed on Schedule A hereto, including software, embedded therein or otherwise.

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9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is 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  
**Citizens Bank of Rhode Island**

OR

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

10. OPTIONAL FILER REFERENCE DATA

**SCHEDULE A EQUIPMENT**

SECURED PARTY: RBS Asset Finance, Inc.

DEBTOR: Medical Associates of Rhode Island, Inc.

This Schedule A of Equipment is attached to and made a part of: Note No. 1 and all related documents.

Qty	Year	Make	Model	Equipment Description	Serial Number	Equipment Location			
				Equipment Description		Street	City	State	Zip
				Support & Maintenance Fee		1180 Hope Street	Bristol	RI	02809
				Telephone Support		1180 Hope Street	Bristol	RI	02809
				Training		1180 Hope Street	Bristol	RI	02809
				eClinical Works Suite		1180 Hope Street	Bristol	RI	02809
				Leasehold Improvements		1180 Hope Street	Bristol	RI	02809
				Software Customization		1180 Hope Street	Bristol	RI	02809
				Flooring & Doors		1180 Hope Street	Bristol	RI	02809
				Software Training		1180 Hope Street	Bristol	RI	02809
				Software Licenses		1180 Hope Street	Bristol	RI	02809
				Data Migration		1180 Hope Street	Bristol	RI	02809
				Installation and Training		1180 Hope Street	Bristol	RI	02809
1		HP	DL380	Proliant Computer		1180 Hope Street	Bristol	RI	02809
				Electronic Medical Records System including Software as detailed on Computopia Invoice Nos. W199424, W200474, W200522 & W200766		1180 Hope Street	Bristol	RI	02809
5		Fujitsu	T4210	DC-2Ghz 1GB/80GB DVDR w/ all accessories and attachments		1180 Hope Street	Bristol	RI	02809
26		Dell	745	Optiplex Computers Pentium D 820/2.80 Ghz w/all accessories and attachments		1180 Hope Street	Bristol	RI	02809
				eClinical Works Suite-Integrated EMR & PM System-First Provider		1180 Hope Street	Bristol	RI	02809
				eClinical Works Suite-Integrated EMR & PM System-Additional Providers (17)		1180 Hope Street	Bristol	RI	02809
				eClinical Works Suite-PM System Only		1180 Hope Street	Bristol	RI	02809

SECURED PARTY:

DEBTOR:

RBS Asset Finance, Inc.

Medical Associates of Rhode Island, Inc.

By: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

By: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_