UCC-3 Form - Continuation

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DEBTOR INFORMATION

Org. Name: **ATLANTIC MEDICAL MANAGEMENT, INC.**
Mailing Address1: **37 MANUEL AVENUE**
City: **JOHNSTON** *State:* **RI** *ZIP:* **02919** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **SOVEREIGN BANK**
Mailing Address1: **ONE FINANCIAL PLAZA**
City: **PROVIDENCE** *State:* **RI** *ZIP:* **02903** *Country:* **USA**

TRANSACTION TYPE: **STANDARD**
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