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	CC FINANCING STATEMENT AN	MENDMENT					
A.	NAME & PHONE OF CONTACT AT FILER (optional Phone: (800) 331-3282 Fax: (818) 662-4141			1			
В.	E-MAIL CONTACT AT FILER (optional)  CLS-CTLS_Glendale_Customer_Service@v	volterskluwer.com		1			
C.	SEND ACKNOWLEDGMENT TO: (Name and Addre	ess) 21371 - BANK	( OF	1			
	CT Lien Solutions P.O. Box 29071	59186	433				
	Glendale, CA 91209-9071	RIRI					
	 File with: Secretary of S	itate. RI		THE ABOVE	SPACE IS F	OR FILING OFFICE U	SE ONLY
	INITIAL FINANCING STATEMENT FILE NUMBER			1b. This FINANCING ST		ENDMENT is to be filed	for record]
	1211900710 11/28/2012 SS RI			Filer: <u>attach</u> Amendmer	nt Addendum (Fo	m UCC3Ad) <u>and</u> provide Det	
Z. [	TERMINATION: Effectiveness of the Financing Stater Statement	ment identified above is	s terminated with	respect to the security inter-	esi(s) or Secur	ed Party authorizing this	ermination
3.	ASSIGNMENT (full or partial): Provide name of Assign For partial assignment, complete items 7 and 9 and a				of Assignor in	item 9	
4. [	CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applications.		with respect to t	he security interest(s) of Sec	cured Party aut	horizing this Continuation	Statement is
5. [	PARTY INFORMATION CHANGE:	AND Check one	of those three boy	ec to:			
	Check <u>one</u> of these two boxes:  This Change affects Debtor or Secured Party of rec		GE name and/or a	ddress: Complete ADD	name: Comple r 7b, and item 7		e: Give record name in item 6a or 6b
	URRENT RECORD INFORMATION: Complete for Party				. 10, <u>eno</u> kem /		II NOITI OB OL OD
	6a. ORGANIZATION'S NAME  Coventry Primary Care Associates, Inc.						
OR			FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
_							
7. C	HANGED OR ADDED INFORMATION: Complete for Assignmental Transport of the Complete for Assignment of the Complete for Assignme	ment or Party Information Cha	inge - provide only g	ne name (7a or 7b) (use exact, full	name; do not omit,	modify, or abbreviate any part of	the Debtor's name)
OR							
ŲΚ	7b. INDIVIDUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDRUGUALIC ACOTTONIAL NAME (CVINITIAL (C)		<del> </del>				SUFFIX
	INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)						SOFFIX
7c.	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
8. [	COLLATERAL CHANGE: Also check one of these	four hoves:	collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collateral
۷. ر	Indicate collateral:	siodi boxes. — Abb	Completed		RESTATE	COVCICU COllateral	1 ACCION CONSCERSI
9. N	AME OF SECURED PARTY OF RECORD AUTH	IORIZING THIS AME	NDMENT: Pro	ovide only one name (9a or 9	b) (name of As	signor, if this is an Assignr	nent)
	this is an Amendment authorized by a DEBTOR, check he					- · · · · · · · · · · · · · · · · · · ·	
	9a. ORGANIZATION'S NAME  Bank of America, N.A.						
OR	9b. INDIVIDUAL'S SURNAME		FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX

RI SOS Filing Number: 201718161470 Date: 6/7/2017 11:53:00 AM

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: Coventry Primary Care Associates, Inc.

59186433

11. NITURE FINANCING STATEMENT FILE BUAMERS Same as item 9 on Amendment form 20211900701 11/28/2012 SS RI 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT. Same as item 9 on Amendment form 21. TO COUNTY AUTHORIZING THIS AMENDMENT. Same as item 9 on Amendment form 22. COUNTY AUTHORIZING THIS AMENDMENT. Same as item 9 on Amendment form 23. Name of DESTOR on nisited financing statement (Name of a current Debtor of record required for indexing purposes only is some filing offices - see Instruction on Control of County Filings of Same filing offices - see Instruction on County Filings of County Filings of Same filing offices - see Instruction on County Filings of County Filings of Same filing offices - see Instruction on County Filings of Care Associates, Inc. 23. ROMODULIS SUPPLIES 24. ADDITIONAL SUPPLIES 25. PROFIDENT SAME 26. COVERTLY Primary Care Associates, Inc 1620 Nooseneck Hill Rd , Coventry, RI 02816-0000 26. County Filings Care Associates, Inc 1620 Nooseneck Hill Rd , Coventry, RI 02816-0000 26. County Filings Care Associates, Inc 1620 Nooseneck Hill Rd , Coventry, RI 02816-0000 26. County Filings Care Associates, Inc 1620 Nooseneck Hill Rd , Coventry, RI 02816-0000 26. County Filings Care Associates, Inc 1620 Nooseneck Hill Rd , Coventry, RI 02816-0000 27. This FINANCING STATEMENT AMENDMENT:  28. This FINANCING STATEMENT AMENDMENT:  29. Covers Subter to be at 1 cover as extracted of Interest in the date of Statement Interest.  20. This FINANCING STATEMENT AMENDMENT:  21. This FINANCING STATEMENT AMENDMENT:  22. This FINANCING STATEMENT AMENDMENT:  23. This FINANCING STATEMENT AMENDMENT:  24. This FINANCING STATEMENT AMENDMENT:  25. This FINANCING STATEMENT AMENDMENT:  26. This FINANCING STATEMENT AMENDMENT:  27. Description of read estate.  28. This FINANCING STATEMENT AMENDMENT:  28. This FIN		C FINANCING STATEMENT AMENDMENT A LOW INSTRUCTIONS	AUDEND	UNI			
120. INDIVIDUAL'S SURNAME  THE ABOVE SPACE IS FOR FILING OFFICE  13. Name of DESTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction and Debtor on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction and Debtor on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction and State Coventry Primary Care Associates, Inc.  Tab. RIGHTANTONS NAME  COVENTRY Primary Care Associates, Inc.  14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): Debtor Name and Address: Debtor Name and Address: Debtor Name and Address: Bank of America, N.A 4161 Piedmont Parkway , Greensboro, NC 27410-8110  15. This FINANCING STATEMENT AMENDMENT: Description of real estate:  17. Description of real estate:  17. Description of real estate:			dment form				
Bank of America, N.A.    Table   Personal Name   Personal Name	12.1	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on A	mendment form				
OR  12b. INCIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SYNITIAL(S)  13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction gree Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit  13a. ORGANIZATION'S NAME  COVENTY Primary Care Associates, Inc.  13b. BRONDOUAL'S SURVAME  FIRST PERSONAL NAME  ADDITIONAL SPACE FOR ITEM 8 (Collateral):  Debtor Name and Address:  Debtor Name and Address:  Bank of Armerica, N.A 4161 Piedmont Parkway , Greensboro, NC 27410-8110  15. This FINANCING STATEMENT AMENDMENT:  Overetty Primary Care Associates, Inc 1620 Nooseneck Hill Rd , Coventry, RI 02816-0000  Secured Party Name and Address:  Bank of Armerica, N.A 4161 Piedmont Parkway , Greensboro, NC 27410-8110		12a. ORGANIZATION'S NAME					
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Coventry Primary Care Associates, Inc.  13. INDITIONAL SPACE FOR ITEM 8 (Collateral): Debtor Name and Address: Coventry Primary Care Associates, Inc 1620 Nooseneck Hill Rd , Coventry, RI 02816-0000  Secured Party Name and Address: Bank of America, N.A 4161 Piedmont Parkway , Greensboro, NC 27410-8110  15. This FINANCING STATEMENT AMENDMENT:    Covers timber to be cut   covers as-extracted collateral   is filed as a fixture filing to covers timber of the cut   covers as-extracted collateral   is filed as a fixture filing to covers timber to be cut   covers as-extracted collateral   is filed as a fixture filing to covers timber to be cut   covers as-extracted collateral   is filed as a fixture filing to covers timber to be cut   covers as-extracted collateral   is filed as a fixture filing to covers timber to be cut   covers as-extracted collateral   is filed as a fixture filing to covers timber to be cut   covers as-extracted collateral   is filed as a fixture filing to covers timber to be cut   covers as-extracted collateral   is filed as a fixture filing to covers timber to be cut   covers as-extracted collateral   is filed as a fixture filing to covers timber to be cut   covers as-extracted collateral   is filed as a fixture filing to covers timber to be cut   covers as-extracted collateral   is filed as a fixture filing to covers as-extracted collateral   is filed as a fixture filing to covers as-extracted collateral   is filed as a fixture filing to covers as-extracted collateral   is filed as a fixture filing to covers as-extracted collateral   is filed as a fixture filing to covers as-extracted collateral   is filed as a fixture filing to covers as-extracted collateral   is filed as a fixture filing to covers as extracted collateral   is filed as a fixture filing to covers as extracted collateral   is filed as a fixture filing to covers as extracted collateral   is filed as a fixture filing to covers as extracted collateral   is filed as a fixture filing to covers as extracted collateral   is filed	ſ		, p.				
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18. MISCELLANEOUS; 59186433-RI-0 21371 - BANK OF AMERICA CA O Bank of America, N.A. File with: Secretary of State, RI	(1)	f Debtor does not have a record interest):					