

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294	
B E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com	
C SEND ACKNOWLEDGMENT TO (Name and Address)	
1725 30073 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed in Rhode Island (S.O.S.)

ringacks@cscinfo.com

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE NUMBER 200502177790 04/05/2005	1b <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Filer <input type="checkbox"/> attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13.
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2 **TERMINATION** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3 **ASSIGNMENT** (full or partial) Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9. For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8.

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

5 **PARTY INFORMATION CHANGE**
 Check one of these two boxes: Debtor or Secured Party of record. **AND** Check one of these three boxes to: CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c. ADD name. Complete item 7a or 7b and item 7c. DELETE name. Give record name to be deleted in item 6a or 6b.

6 **CURRENT RECORD INFORMATION** Complete for Party Information Change; provide only one name (6a or 6b)

6a ORGANIZATION'S NAME: EAR NOSE & THROAT MEDICINE & SURGERY GROUP, LLC			
OR	6b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

7 **CHANGED OR ADDED INFORMATION** Complete for Assignment or Party Information Change; provide only one name (7a or 7b); use exact full name, do not omit, modify or abbreviate any part of the Debtor's name.

7a ORGANIZATION'S NAME				
OR				
7b INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
7c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY USA

8 **COLLATERAL CHANGE** Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral. Indicate collateral:

9 **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment). If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor.

9a ORGANIZATION'S NAME: Citizens Bank, N.A. Formally Known As RBS Citizens, N.A.			
OR	9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10 **OPTIONAL FILER REFERENCE DATA** Debtor: EAR NOSE & THROAT MEDICINE & SURGERY GROUP, LLC 1725 30073