

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

|   |
|---|
| A NAME & PHONE OF CONTACT AT FILER (optional)<br>CSC 1-800-858-5294   |
| B E-MAIL CONTACT AT FILER (optional)<br>SPRFiling@cscglobal.com   |
| C SEND ACKNOWLEDGMENT TO (Name and Address)<br>1722 99860<br>CSC<br>801 Adlai Stevenson Drive<br>Springfield, IL 62703<br>Filed In: Rhode Island (S.O.S.) |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|   |   |
|---|---|
| 1a INITIAL FINANCING STATEMENT FILE NUMBER<br>201008493670 04/02/2010 | 1b <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (for a <u>Search Amendment Addendum</u> (Form UCC3Ag) and provide Debtor's name in item 13) |
|---|---|

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: SOUTH COUNTY PRIMARY CARE, INC.

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<br>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: SOUTH COUNTY PRIMARY CARE, INC. 1722 99860