

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional)
Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141
B E-MAIL CONTACT AT FILER (optional)
uccfilingreturn@wolterskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 38557 - TIAA Commercial
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071
87917428 RIRI
File with: Secretary of State, RI

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER
201920761060 2/18/2019 SS RI
1b. [] This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS
Filer: attach Amendment Addendum (Form UCC3Ad) 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 AND Check one of these three boxes to
This Change affects [] Debtor or [] Secured Party of record [] 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
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

8 [X] COLLATERAL CHANGE Also check one of these four boxes. [] ADD collateral [] DELETE collateral [X] RESTATE covered collateral [] ASSIGN collateral
Indicate collateral

All items of equipment (and other related assets, including the assets described below) financed and encumbered pursuant to an agreement between Secured Party and Debtor named above.

See description below and all accessions thereto, substitutions and replacements therefor, and all proceeds of the foregoing, including insurance proceeds.

- 1. EXA PACS SOFTWARE
1. EXA PHYSICIAN PORTAL

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
TIAA COMMERCIAL FINANCE INC.
OR
9b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA. Debtor Name: OPEN MRI OF NEW ENGLAND, INC.
87917428 41873377 Healthcare

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form 201920761060 2/18/2019 SS RI	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form	
12a ORGANIZATION'S NAME TIAA COMMERCIAL FINANCE INC.	
OR	
12b INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)INITIAL(S)	SUFFIX

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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 item 13) Provide only one 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 OPEN MRI OF NEW ENGLAND, INC.			
OR			
13b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX

14 ADDITIONAL SPACE FOR ITEM 8 (Collateral)
 Debtor Name and Address:
 OPEN MRI OF NEW ENGLAND, INC. - 525 BROAD ST , CUMBERLAND, RI 02864
 Secured Party Name and Address:
 TIAA COMMERCIAL FINANCE INC. - 10 WATERVIEW BLVD. , PARSIPPANY, NJ 07054

- 1. EXA SERVER CLUSTER POWEREDGE R440 W/ MD3420
- 1. DELL POWERVAULT MD1220 STORAGE ARRAY
- 2. DELL STORAGE MD1420
- 1. EXA SERVER KIT R740
- 25. FORWARDER SOFTWARE LICENSE

15. This FINANCING STATEMENT AMENDMENT <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing	17. Description of real estate
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest)	