

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
Name: Wolters Kluwer Lien Solutions Phone 800-331-3282 Fax: 818-662-4141
B. E-MAIL CONTACT AT SUBMITTER (optional)
uccfilingreturn@wolterskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 12033 -
Lien Solutions 97953560
P.O. Box 29071 RIRI
Glendale, CA 91209-9071
File with: Secretary of State, RI
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER
202430278530 3/8/2024 SS RI
1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record)
(or recorded) in the REAL ESTATE RECORDS
For all Amendments, Addendums (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
This Change affects: [X] 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
BAYSIDE ENDOSCOPY CENTER, 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
BAYSIDE ENDOSCOPY CENTER, LLC
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
33 STANIFORD STREET PROVIDENCE RI 02905 USA

8. COLLATERAL CHANGE Check only one box
[ ] ADD collateral [ ] DELETE collateral [ ] RESTATE covered collateral [ ] ASSIGN\* collateral
Indicate collateral \*Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8

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
ASD SPECIALTY HEALTHCARE, LLC
OR
9b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA Debtor Name BAYSIDE ENDOSCOPY CENTER, LLC
97953560 12033 - ABDC 25

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form 202430278530 3/8/2024 SS RI	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form	
12a ORGANIZATION'S NAME ASD SPECIALTY HEALTHCARE, LLC	
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 BAYSIDE ENDOSCOPY CENTER, INC.			
OR			
13b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

14. ADDITIONAL SPACE FOR (CHECK ONE BOX)  ITEM 8 (Collateral) OR  OTHER INFORMATION (Please Describe)

Debtor Name and Address:  
BAYSIDE ENDOSCOPY CENTER, LLC - 33 STANIFORD STREET , PROVIDENCE, RI 02905

Secured Party Name and Address:  
ASD SPECIALTY HEALTHCARE, LLC - 1 WEST FIRST AVENUE , CONSHOHOCKEN, PA 19428

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)	

18. MISCELLANEOUS 97953560 RI 0 12033 - AMERISOURCE BERGEN DR ASD SPECIALTY HEALTHCARE, LLC File with Secretary of State, RI 12033 - ABOX: 25