

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
Tara Veneracion (202) 857-8948

B. E-MAIL CONTACT AT SUBMITTER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER
200604199050

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record; or recorded) in the REAL ESTATE RECORDS. File **part B** Amendment Acknowledgment (Form UCC3Ad); **and** provide Debtor's name in Item 9.

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party(ies) authorizing this Termination Statement.

3. ASSIGNMENT: 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 Item's 7 and 9, check ASSIGN Collateral box in Item 8 and describe the 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: G vs 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
National Medical Care, Inc.

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

920 Winter Street Waltham MA 02451 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
The Bank of Nova Scotia, as Agent

OR

9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA

File with: Secretary of State of Rhode Island ; Debtor: NNA of Rhode Island, Inc.