

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT SUBMITTER (optional)	
B E-MAIL CONTACT AT SUBMITTER (optional)	
C SEND ACKNOWLEDGMENT TO (Name and Address) 1532087	
 <p>CAPITOL SERVICES</p>	<p>Return Acknowledgement to:</p> <p>Capital Services, Inc. PO Box 1831 Austin, TX 78767 800.345.4647</p>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR'S NAME Provide only one Debtor name (1a or 1b) (use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1b blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC-1 Add).

1a ORGANIZATION'S NAME PROSPECT BLACKSTONE VALLEY SURGICARE, LLC			
OR	1b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) (INITIAL(S)) SUFFIX
1c MAILING ADDRESS 3824 Hughes Ave.		CITY Culver City	STATE POSTAL CODE COUNTRY CA 90232 USA

2 DEBTOR'S NAME Provide only one Debtor name (2a or 2b) (use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2b blank, check here and provide the Individual Debtor information in item 13 of the Financing Statement Addendum (Form UCC-1 Add).

2a ORGANIZATION'S NAME			
OR	2b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) (INITIAL(S)) SUFFIX
2c MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY

3 SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) Provide only one Secured Party name (3a or 3b)

3a ORGANIZATION'S NAME JMB Capital Partners Lending, LLC			
OR	3b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) (INITIAL(S)) SUFFIX
3c MAILING ADDRESS 205 South Martel Avenue		CITY Los Angeles	STATE POSTAL CODE COUNTRY CA 90036 USA

4 COLLATERAL This financing statement covers the following collateral:

All assets and personal property of the Debtor, wherever located, whether now existing or hereafter arising or acquired, including all products and proceeds thereof.

5 Check <u>only</u> if applicable and check <u>only</u> one box		Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and instructions); <input type="checkbox"/> being administered by a Decedent's Personal Representative
5a Check <u>only</u> if applicable and check <u>only</u> one box		6b Check <u>only</u> if applicable and check <u>only</u> one box
<input type="checkbox"/> Public Finance Transaction	<input type="checkbox"/> Manufactured-Home Transaction	<input type="checkbox"/> A Debtor is a Transmitting Utility
<input type="checkbox"/> Agricultural Lien	<input type="checkbox"/> Non-UCC Filing	
7 ALTERNATIVE DESIGNATION (if applicable) <input type="checkbox"/> Lessor/Lessee <input type="checkbox"/> Consignor/Consignee <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensee		

8 OPTIONAL FILER REFERENCE DATA.
File with Rhode Island Secretary of State