[redacted]

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [Optional]
Paul Plourde, Esq. 453-0550 Ext. 202

B. SEND ACKNOWLEDGMENT TO: [Name and Address]

Paul Plourde
50 Exchange Terrace, Suite 320
Providence, RI 02903

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME
OR Pappas Physical Therapy of Johnston, LLC

1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1539 Atwood Avenue	Johnston	RI	02919	USA

1d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any
		physical therapy	RI	160584 ☐ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME
OR

2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

2d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any
				☐ NONE

3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME
OR

3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
DeStefano	Robert		

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
29 Glen Ridge Road	Cranston	RI	02920	USA

4. This FINANCING STATEMENT covers the following collateral:

All tangible assets located at 1539 Atwood Avenue, Johnston, RI 02919, including, but not limited to the items on the attached "Exhibit A".

Debtor's membership in the Physical Therapy Provider Network ("PTPN") which relates to Johnston, RI

5. ALTERNATIVE DESIGNATION [if applicable]: ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG.LIEN ☐ NON-UCC FILING

6. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]

7. TO REQUEST A SEARCH REPORT, FILE A UCC11

8. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY— RHODE ISLAND UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/01/06)

11639-1-0

EXHIBIT A

Assets

Brother MFC 8220 88610 Fax Machine

Medical Equipment

1. Nautilus NTR700 Treadmill
2. Stairmaster
3. Hydorcollator Heating Unit, Mobile
4. Chattanooga Vectra 2C combination
5. Chattanooga Vectra 2C Combination
6. Total Gym Start-Up Package
7. Chattanooga TRT-200 Hi-Lo Treatr
8. Saunders Cervical Traction Ankle P
9. Schwinn Airdyne Windjammer UBI
10. Plyo-Back Rebounder, Plyo Package
11. Vhi Prescription Exer & Rehabilitation
12. Hydraulic Hand Held Dynamometer
13. Maytag Stack Pair Washer/Dryer

Office Equipment

1. Office Computer System-Dell
2. HP Laserjet w/LCD & Firewall
3. Brother MFC 8220 88610 Fax Mac

Pappas/BillSale(5.25.07)