

UCC-1 Form

FILER INFORMATION

Full name: MARGIE DUGGAN Phone: 781-935-8000

CONTACT INFORMATION

Contact name: CUMMINGS PROPERTIES, LLC
Street #1: 200 WEST CUMMINGS PARK
City: WOBURN State: MA ZIP: 01801 Country: USA
Notification Method: E-MAIL Email: ACCOUNTING@CUMMINGS.COM

DEBTOR INFORMATION

Org. Name: HEALTHCENTRIC ADVISORS, INC.
Mailing Address1: 500 WEST CUMMINGS PARK, SUITE 4000
City: WOBURN State: MA ZIP: 01801 Country: USA

SECURED PARTY INFORMATION

Org. Name: CUMMINGS PROPERTIES, LLC
Mailing Address1: 200 WEST CUMMINGS PARK
City: WOBURN State: MA ZIP: 01801 Country: USA

TRANSACTION TYPE: STANDARD
COLLATERAL IS / ADMINISTERED BY:
ALTERNATIVE DESIGNATION:

COLLATERAL

All office and other equipment, furniture, inventory, and other property of Debtor (excluding Debtor's intellectual property, patents, and accounts receivable), whether existing or after-acquired, located at all premises leased and/or subleased by Secured Party to Debtor, now or hereafter.