

UCC-1 Form

FILER INFORMATION

Full name: CT LIEN SOLUTIONS *Phone:* (800)331-3282

CONTACT INFORMATION

Contact name: CT LIEN SOLUTIONS

Street #1: P.O. BOX 29071

Street #2: ORDER:48871215

City: GLENDALE *State:* CA *ZIP:* 91209-9071 *Country:* USA

Notification Method: E-MAIL *Email:* SOSACK@UCCDIRECT.COM

DEBTOR INFORMATION

Org. Name: RHODE ISLAND DERMATOLOGY AND COSMETIC CENTER, LLC

Mailing Address1: 3 WAKE ROBIN RD, UNIT 5

City: LINCOLN *State:* RI *ZIP:* 02865 *Country:* USA

SECURED PARTY INFORMATION

Org. Name: CIT FINANCE LLC

Mailing Address1: 10201 CENTURION PARKWAY NORTH

Mailing Address2: SUITE 100

City: JACKSONVILLE *State:* FL *ZIP:* 32256 *Country:* USA

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION:

COLLATERAL

1 GMAX PRO W/DCD plus all currently existing and future attachments, parts, accessories and add-ons for all of the foregoing equipment, and all products and proceeds thereof.