UCC-1 Form

FILER INFORMATION

Full name: **CINDY BROUSSARD** *Phone:* **337-237-1915**

CONTACT INFORMATION

Contact name: **SCHUMACHER CLINICAL PARTNERS**

Street #1: **200 CORPORATE BLVD**

City: **LAFAYETTE** *State:* **LA** *ZIP:* **70508** *Country:* **USA**

Notification Method: **E-MAIL** *Email:* **CORPORATIONS@SCHUMACHERCLINICAL.COM**

DEBTOR INFORMATION

Org. Name: **ECI HP E-HEALTH (RI), LLC**

Mailing Address1: **200 CORPORATE BLVD**

City: **LAFAYETTE** *State:* **LA** *ZIP:* **70508** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **ECI HEALTHCARE PARTNERS, LLC**

Mailing Address1: **200 CORPORATE BLVD**

City: **LAFAYETTE** *State:* **LA** *ZIP:* **70508** *Country:* **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION:

COLLATERAL

This financing statement covers all assets of the debtor, whether now existing or hereafter arising.