

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **INDIA MAZZARELLI**

*Email Contact at Filer:* **INDIA.MAZZARELLI@ROPESGRAY.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **ROPES & GRAY LLP**

*Mailing Address:* **800 BOYLSTON STREET**

*City, State Zip Country:* **BOSTON, MA 02199 USA**

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## DEBTOR INFORMATION

*Org. Name:* **ADVANCED DERMATOLOGY OF RHODE ISLAND, PC**

*Mailing Address:* **1351 S COUNTY TRAIL SUITE 302**

*City, State Zip Country:* **EAST GREENWICH, RI 02818 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **ADCS CLINICS, LLC**

*Mailing Address:* **151 SOUTHHALL LANE, SUITE 300**

*City, State Zip Country:* **MAITLAND, FL 32751 USA**

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## TRANSACTION TYPE: STANDARD

## CUSTOMER REFERENCE: FILE WITH: RHODE ISLAND - SOS

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## COLLATERAL

ALL ASSETS OF DEBTOR.