

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **CORPORATION SERVICE COMPANY**

*Email Contact at Filer:* **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **CORPORATION SERVICE COMPANY**

*Mailing Address:* **801 ADLAI STEVENSON DRIVE**

*City, State Zip Country:* **SPRINGFIELD, IL 62703 USA**

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## DEBTOR INFORMATION

*Org. Name:* **COASTAL RHEUMATOLOGY, P.C., INC.**

*Mailing Address:* **45 WELLS STREET SUITE 203B**

*City, State Zip Country:* **WESTERLY, RI 02891 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **McKESSON CORPORATION AND ITS AFFILIATES**

*Mailing Address:* **401 MASON ROAD**

*City, State Zip Country:* **LA VERGNE, TN 37086 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: 2047 02443**

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## COLLATERAL

ALL ASSETS OF THE DEBTOR, WHEREVER LOCATED AND WHETHER NOW OR HEREAFTER EXISTING AND WHETHER NOW OWNED OR HEREAFTER ACQUIRED, OF EVERY KIND AND DESCRIPTION, TANGIBLE OR INTANGIBLE, INCLUDING WITHOUT LIMITATION ALL ACCESSIONS THERETO AND ALL PRODUCTS AND PROCEEDS THEREOF.