

UCC-1 Form

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

DEBTOR INFORMATION

Org. Name: UNIVERSITY SURGICAL ASSOCIATES, INC.

Mailing Address: 75 NEWMAN AVENUE

City, State Zip Country: RUMFORD, RI 02916 USA

SECURED PARTY INFORMATION

Org. Name: OLYMPUS AMERICA INC.

Mailing Address: 655 BUSINESS CENTER DRIVE, SUITE 250

City, State Zip Country: HORSHAM, PA 45203 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 182968 - 0004720 2107 88266

COLLATERAL

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