

# 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:* **PROSPECT CHARTERCARE SJHSRI, LLC**

*Mailing Address:* **200 HIGH SERVICE AVE**

*City, State Zip Country:* **NORTH PROVIDENCE, RI 02904 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **MINDRAY CAPITAL**

*Mailing Address:* **1111 OLD EAGLE SCHOOL RD.**

*City, State Zip Country:* **WAYNE, PA 19087 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: 2250 33010**

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## COLLATERAL

ALL EQUIPMENT OF ANY MAKE OR MANUFACTURE FINANCED BY OR LEASED TO DEBTOR BY SECURED PARTY UNDER CONTRACT NUMBER: 500-50346137, TOGETHER WITH ALL COMPONENTS, ADDITIONS, UPGRADES, ATTACHMENTS, ACCESSIONS, SUBSTITUTIONS, REPLACEMENTS AND PROCEEDS OF THE FOREGOING.