

# 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:* LEXXUS HEALTHCARE, LLC

*Mailing Address:* 1788 VICTORY HIGHWAY

*City, State Zip Country:* COVENTRY, RI 02816 USA

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## SECURED PARTY INFORMATION

*Org. Name:* CORPORATION SERVICE COMPANY, AS REPRESENTATIVE

*Mailing Address:* P.O. BOX 2576 UCCSPREP@CSCINFO.COM

*City, State Zip Country:* SPRINGFIELD, IL 62708 USA

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: 2299 70195**

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## COLLATERAL

ALL OF DEBTOR'S EXISTING AND LATER ACQUIRED ASSETS. NOTICE: PURSUANT TO AN AGREEMENT BETWEEN DEBTOR AND SECURED PARTY, DEBTOR HAS AGREED NOT TO GRANT A SECURITY INTEREST IN THE ABOVE COLLATERAL TO ANY OTHER ENTITY. ACCORDINGLY, THE ACCEPTANCE OF ANY SECURITY INTEREST BY ANYONE OTHER THAN THE SECURED PARTY IS LIKELY TO CONSTITUTE THE TORTIOUS INTERFERENCE WITH THE SECURED PARTY'S RIGHTS. IN THE EVENT THAT ANY ENTITY IS GRANTED A SECURITY INTEREST IN DEBTOR'S ASSETS CONTRARY TO THE ABOVE, THE SECURED PARTY ASSERTS A CLAIM TO ANY PROCEEDS THEREOF RECEIVED BY SUCH ENTITY.