

UCC-1 Form

FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

Email Contact at Filer: **CTLSWEBACK@WOLTERSKLUWER.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **LIEN SOLUTIONS**

Mailing Address: **P.O. BOX 29071**

City, State Zip Country: **GLENDALE, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **PROSPECT CHARTERCARE SJHSRI, LLC**

Mailing Address: **200 HIGH SERVICE AVE**

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

SECURED PARTY INFORMATION

Org. Name: **HUNTINGTON TECHNOLOGY FINANCE**

Mailing Address: **2285 FRANKLIN ROAD SUITE 100**

City, State Zip Country: **BLOOMFIELD HILLS, MI 48302 USA**

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: LESSEE-LESSOR

CUSTOMER REFERENCE: RI-0-90465872-65534338

COLLATERAL

ALL EQUIPMENT AND OTHER GOODS ("EQUIPMENT") LEASED OR FINANCED BY DEBTOR AS CUSTOMER/LESSEE AND SECURED PARTY AS HTF/LESSOR UNDER AGREEMENT NO. 1035159, ANY EXTENSIONS, RENEWALS, OR MODIFICATIONS THERETO, WHICH EQUIPMENT IS MORE FULLY DESCRIBED BELOW, INSURANCE COVERING SAME AND THE PROCEEDS OF ALL OF THE FOREGOING. EQUIPMENT IS DESCRIBED AS FOLLOWS: 42 INFUSOMT SPACE 2ND GEN WIRELESS PUMP KIT