

UCC-1 Form

FILER INFORMATION

Full name: **BARBARA BROWN**

Email Contact at Filer: **BBROWN@MOVEDOCS.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **MOVEDOCS.COM, LLC**

Mailing Address: **4670 S. FORT APACHE ROAD, SUITE 200**

City, State Zip Country: **LAS VEGAS, NV 89147 USA**

DEBTOR INFORMATION

Org. Name: **ELITE PHYSICAL THERAPY, LLC**

Mailing Address: **1311 MAMARONECK AVE., SUITE 140**

City, State Zip Country: **WHITE PLAINS, NY 10605 USA**

SECURED PARTY INFORMATION

Org. Name: **MEDPORT BILLING, LLC**

Mailing Address: **4670 S. FORT APACHE ROAD, SUITE 200**

City, State Zip Country: **LAS VEGAS, NV 89147 USA**

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: SELLER-BUYER

COLLATERAL

ANY AND ALL ACCOUNTS RECEIVABLE OF DEBTOR, AND ANY INCOME OR PROCEEDS DERIVED THEREFROM RELATING TO THE ACCOUNTS RECEIVABLE (AS SUCH TERM IS DEFINED IN THE AGREEMENT BETWEEN SECURED PARTY AND DEBTOR REFERENCED BELOW) AND ALL SUPPORTING OBLIGATIONS RELATING THERETO WHETHER CONSTITUTING ACCOUNTS, INSTRUMENTS, GENERAL INTANGIBLES OR ANY OTHER TYPE OF PROPERTY, WHICH HAVE BEEN PURCHASED FROM TIME TO TIME BY SECURED PARTY, AS PURCHASER, FROM DEBTOR, AS SELLER, PURSUANT TO THE TERMS AND CONDITIONS OF THAT CERTAIN MASTER PURCHASE AGREEMENT DATED MARCH 13, 2023 AMONG MEDPORT BILLING, LLC AS PURCHASER AND ELITE PHYSICAL THERAPY, LLC AS THE SELLER , AS SUCH AGREEMENT MAY BE AMENDED RESTATED, SUPPLEMENTED OR MODIFIED FROM TIME TO TIME. A SCHEDULE OF THE ACCOUNTS RECEIVABLE CONSTITUTING THE COLLATERAL MAY BE OBTAINED FROM THE SECURED PARTY.