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 RWMC, LLC**

Mailing Address: **825 CHALKSTONE AVENUE**

City, State Zip Country: **PROVIDENCE, RI 02908 USA**

Org. Name: **ROGER WILLIAMS MEDICAL CENTER**

Mailing Address: **825 CHALKSTONE AVENUE**

City, State Zip Country: **PROVIDENCE, RI 02908 USA**

SECURED PARTY INFORMATION

Org. Name: **FLEX FINANCIAL, A DIVISION OF STRYKER SALES, LLC**

Mailing Address: **10712 S. 1300 E.**

City, State Zip Country: **SANDY, UT 84094 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-94342493-67173517

COLLATERAL

(15) PROCUITY BED - 300900000000. (15) ISOLIBRIUM PE SUPPORT SURFACE - 297300000000. EQUIPMENT LOCATION: ROGER WILLIAMS MEDICAL CENTER 825 CHALKSTONE AVENUE PROVIDENCE, RI 02908