

UCC-1 Form

FILER INFORMATION

Full name: CORPORATION SERVICE COMPANY

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SEND ACKNOWLEDGEMENT TO

Contact name: CORPORATION SERVICE COMPANY

Mailing Address: 801 ADLAI STEVENSON DRIVE

City, State Zip Country: SPRINGFIELD, IL 62703 USA

DEBTOR INFORMATION

Org. Name: NEW ENGLAND SURGICAL CENTER, INC.

Mailing Address: 1174 PARK AVENUE

City, State Zip Country: CRANSTON, RI 02910 USA

SECURED PARTY INFORMATION

Org. Name: FINANCIAL AGENT SERVICES

Mailing Address: P.O. BOX 2576

City, State Zip Country: SPRINGFIELD, IL 62708 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2820 54614

COLLATERAL

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