

# 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:* **ARMISTICE URGENT CARE & OCCUPATIONAL HEALTH, INC.**

*Mailing Address:* **209 ARMISTICE BOULEVARD**

*City, State Zip Country:* **PAWTUCKET, RI 02860 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **GE HFS, LLC**

*Mailing Address:* **9900 INNOVATION DRIVE RP-2100**

*City, State Zip Country:* **WAUWATOSA, WI 53226 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: 510034179-1 - 49935 3021 39526**

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## COLLATERAL

ONE (1) GE HEALTHCARE VIEWPOINT 6 TOGETHER WITH (I) ALL SUBSTITUTIONS FOR, AND PRODUCTS AND PROCEEDS OF ANY OF THE FOREGOING PROPERTY, (II) ALL ACCESSIONS THERETO, (III) ALL ACCESSORIES, ATTACHMENTS, PARTS, EQUIPMENT AND REPAIRS NOW OR HEREAFTER ATTACHED OR AFFIXED TO OR USED IN CONNECTION WITH ANY OF THE FOREGOING PROPERTY, (IV) ALL WAREHOUSE RECEIPTS, BILLS OF LADING AND OTHER DOCUMENTS OF TITLE NOW OR HEREAFTER COVERING ANY OF THE FOREGOING PROPERTY, AND (V) ALL INSURANCE AND/OR OTHER PROCEEDS OF ANY TYPE OF THE FOREGOING PROPERTY.