

UCC-1 Form

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

DEBTOR INFORMATION

Org. Name: UNIVERSITY SURGICAL ASSOCIATES, INC.

Mailing Address: 110 ELM STREET

City, State Zip Country: PROVIDENCE, RI 02903 USA

SECURED PARTY INFORMATION

Org. Name: GE HFS, LLC

Mailing Address: 9900 INNOVATION DRIVE RP-2100

City, State Zip Country: WAUWATOSA, WI 53226 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 510005645-11 - 49991 3022 43238

COLLATERAL

ONE(1) GE HEALTHCARE LOGIQ E STANDARD PACKAGE 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.