

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
 CERTIFICATION OF FILING**

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 Southwest Correctional Medical Group, PLLC
 Nashville, TN United States

Certificate Number:
 2022-931802

Date Filed:
 09/09/2022

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Collin County

Date Acknowledged:

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
 2015-122
 Correctional Healthcare

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Kennedy, Scott	Nashville, TN United States	X	
	Medrano, Richard	Nashville, TN United States	X	

5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is Richard Medrano, MD, and my date of birth is [REDACTED].

My address is [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED].
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in San Diego County, State of California, on the 9th day of September, 2022.
(month) (year)

DocuSigned by:

 Signature of authorized agent of contracting business entity (Declarant)