

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 2

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.
 Greenway Health LLC
 Tampa, FL United States

Certificate Number:
 2022-853831

Date Filed:
 02/23/2022

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.
 12108-10
 Electronic Medical Records System.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Mulroe, Karen	Tampa, FL United States	X	
	Lango, Tom	Tampa, FL United States	X	
	Sarker, Pratap	Tampa, FL United States	X	
	Jehle, Kathryn	Tampa, FL United States	X	
	Atkin, Richard	Tampa, FL United States	X	
	Lema, Christina	Tampa, FL United States	X	
	Lema, Christina	Tampa, FL United States	X	
	Stadler, John	Tampa, FL United States	X	
	Hickey, James	Tampa, FL United States	X	
	Fosnaugh, Michael	tampa, FL United States	X	
	Lightning Acquisition, LLC	Wilmington, DE United States	X	

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5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Stephen Janes, and my date of birth is [REDACTED]

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

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

Executed in Pineellas County, State of Florida, on the 23 day of Feb, 2022
(month) (year)

[Signature]
Signature of authorized agent of contracting business entity (Declarant)