

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**

Certificate Number:
2022-939841

Date Filed:
09/30/2022

Date Acknowledged:

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

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

Collin County

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
	Sarker, Pratap	Tampa, FL United States	X	
	Lango, Tom	Tampa, FL United States	X	
	Mulroe, Karen	Tampa, FL United States	X	
	Stalder, John	San Francisco, CA United States	X	
	Jehle, Kathryn	Tequesta, FL United States	X	
	Atkin, Richard	Tampa, FL United States	X	
	Fosnaugh, Michael	Chicago, IL United States	X	
	Hickey, James	Chicago, IL United States	X	
	Lema, Christina	San Francisco, CA United States	X	
	Lightning Acquisition, LLC	Austin, TX United States	X	

