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	Certificate Number:
	of business.	2022-939841
ı	Greenway Health LLC	
ı	Tampa, FL United States	Date Filed:
2	Name of governmental entity or state agency that is a party to the contract for which the form is	09/30/2022
ľ	being filed.	
ı	Collin County	Date Acknowledged:

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

	CERTIFICATE OF INTERESTED PAR	TIES		FOR	м 1295		
L					2 of 2		
Г	nplete Nos. 1 - 4 and 6 if there are interested parties. nplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CEF		OFFICE USE ONLY RTIFICATION OF FILING				
1	me of business entity filing form, and the city, state and country of the business entity's place business.			ificate Number: 2-939841			
	Greenway Health LLC Tampa, FL United States	a, FL United States Date					
2	Name of governmental entity or state agency that is a party to the being filed. Collin County	internal entity of state agency that is a party to the contract for which the form is			0/2022 Acknowledged:		
3	rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract.						
	Electronic Medical Records System						
4	Name of Interested Party	Name of Interested Party City, State, Country (place of busin			f interest oplicable)		
			,	Controlling	Intermediary		
Г							
Г							
Г							
Г							
Г							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Stephen Janes and my date of birth is						
	My address is _						
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed in Pinellas Count	ty, State of Florida , on	the <u>30</u>	day of Septembe (month)	r, 20 <u>22</u> . (year)		
DocuSigned by:							
		Stephen James					
			contractin	a business entity			
	Signature of authorized agent of contracting business entity (Declarant)						