

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:
 2023-1001419

Date Filed:
 03/31/2023

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
	Lightning Acquisition, LLC	Wilmington, DE United States	X	
	Lema, Christina	San Francisco, CA United States	X	
	Hickey, James	Chicago, IL United States	X	
	Fosnaugh, Michael	Chicago, IL United States	X	
	Atkin, Richard	Tampa, FL United States	X	
	Stalder, John	San Francisco, CA United States	X	
	Mulroe, Karen	Tampa, FL United States	X	
	Lango, Tom	Tampa, FL United States	X	
	Sarker, Pratap	Tampa, FL United States	X	
	Smith, Mary	Iansing, IL 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), [REDACTED] (city), [REDACTED] (state), [REDACTED] (zip code), [REDACTED] (country)

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

Executed in Pineallas County, State of Florida, on the 31 day of March, 2023
(month) (year)

DocuSigned by:

Stephen Janes

Signature of authorized agent of contracting business entity
(Declarant)