2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1000000125

Entity Name: GREENWAY HEALTH, LLC

Current Principal Place of Business:

4301 W. BOY SCOUT BLVD., SUITE 800 TAMPA, FL 33607

Current Mailing Address:

4301 W. BOY SCOUT BLVD., SUITE 800 TAMPA, FL 33607

FEI Number: 59-3396629

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

Date

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Address

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	SHETH, BRIAN N	Name	HICKEY, JAMES P
Address	401 CONGRESS AVENUE SUITE 3100	Address	2 PRUDENTIAL PLZ, 180 N STESTON AVE, #4000
City-State-Zip:	AUSTIN TX 78701	City-State-Zip:	CHICAGO IL 60601
Title	MGR	Title	MGR
Name	TAYLOR, MARTIN A.	Name	FOSNAUGH, MICHAEL
Address	401 CONGRESS AVENUE SUITE 3100	Address	2 PRUDENTIAL PLZ, 180 N STETSON AVE, #4000
City-State-Zip:	AUSTIN TX 78701	City-State-Zip:	CHICAGO IL 60601
Title	MANAGER	Title	MGR
Name	JEHLE, KATHRYN	Name	SMITH, ROBERT F
Address	250 SOUTH WILLIAMS BLVD	Address	401 CONGRESS AVENUE SUITE 3100
City-State-Zip:	TUCSON AZ 85711	City-State-Zip:	
Title	MGR		
Name	GREEN, WYCHE T III		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

SIGNATURE: WYCHE T. GREEN, III

City-State-Zip: CARROLLTON GA 30117

100 GREENWAY BLVD

that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

01/15/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date