

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000000125

Entity Name: GREENWAY HEALTH, LLC**Current Principal Place of Business:**4301 W. BOY SCOUT BLVD., SUITE 800
TAMPA, FL 33607**Current Mailing Address:**300 GALLERIA PARKWAY SE
SUITE 1700
ATLANTA, GA 30339 US**FEI Number:** 59-3396629**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGR
Name	SHETH, BRIAN N
Address	401 CONGRESS AVENUE SUITE 3100
City-State-Zip:	AUSTIN TX 78701
Title	MGR
Name	TAYLOR, MARTIN A.
Address	401 CONGRESS AVENUE SUITE 3100
City-State-Zip:	AUSTIN TX 78701
Title	MANAGER
Name	JEHLE, KATHRYN
Address	250 SOUTH WILLIAMS BLVD
City-State-Zip:	TUCSON AZ 85711
Title	MGR
Name	GREEN, WYCHE T III
Address	100 GREENWAY BLVD
City-State-Zip:	CARROLLTON GA 30117

Title	MGR
Name	HICKEY, JAMES P
Address	2 PRUDENTIAL PLZ, 180 N STETSON AVE, #4000
City-State-Zip:	CHICAGO IL 60601
Title	MGR
Name	FOSNAUGH, MICHAEL
Address	2 PRUDENTIAL PLZ, 180 N STETSON AVE, #4000
City-State-Zip:	CHICAGO IL 60601
Title	MGR
Name	SMITH, ROBERT F
Address	401 CONGRESS AVENUE SUITE 3100
City-State-Zip:	AUSTIN TX 78701
Title	CFO AND SECRETARY
Name	ELLIS, ROBB
Address	100 GREENWAY BOULEVARD
City-State-Zip:	CARROLLTON GA 30117

Continues on page 2

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

SIGNATURE: WYCHE T. GREEN, III**MANAGER****02/19/2016**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date

Authorized Person(s) Detail Continued :

Title	ASSISTANT SECRETARY
Name	SNIDER, R. SAMUEL
Address	300 GALLERIA PARKWAY SE SUITE 1700
City-State-Zip:	ATLANTA GA 30339