

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002947

**Entity Name:** GREENWAY HEALTH, INC.**Current Principal Place of Business:**4301 W. BOY SCOUT BLVD.  
SUITE 800  
TAMPA, FL 33607**Current Mailing Address:**4301 W. BOY SCOUT BLVD.  
STE. 800  
TAMPA, FL 33607 US**FEI Number:** 58-2412516**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

**Officer/Director Detail :**

Title DIRECTOR  
Name LEMA, CHRISTINA  
Address 4 EMBARCADERO CENTER  
20TH FLOOR  
City-State-Zip: SAN FRANCISCO CA 94111

Title DIRECTOR  
Name FOSNAUGH, MICHAEL  
Address 2 PRUDENTIAL PLAZA  
180 NORTH STETSON AVENUE SUITE  
4000  
City-State-Zip: CHICAGO IL 60601

Title CEO  
Name SARKER, PRATAP  
Address 4301 W. BOY SCOUT BLVD.  
SUITE 800  
City-State-Zip: TAMPA FL 33607

Title DIRECTOR  
Name STALDER, JOHN  
Address 4 EMBARCADERO CENTER  
20TH FLOOR  
City-State-Zip: SAN FRANCISCO FL 94111

Title DIRECTOR  
Name HICKEY, JAMES P  
Address 2 PRUDENTIAL PLAZA  
180 NORTH STETSON AVENUE SUITE  
4000  
City-State-Zip: CHICAGO IL 60601

Title DIRECTOR  
Name ATKIN, RICHARD  
Address 4301 W. BOY SCOUT BLVD.  
SUITE 800  
City-State-Zip: TAMPA FL 33607

Title SECRETARY  
Name MULROE, KAREN  
Address 4301 W. BOY SCOUT BLVD.  
STE. 800  
City-State-Zip: TAMPA FL 33607

Title CFO/ASSISTANT SECRETARY  
Name LANGO, TOM  
Address 4301 W. BOY SCOUT BLVD.  
SUITE 800  
City-State-Zip: TAMPA FL 33607

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*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KAREN MULROE**SECRETARY****05/02/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	PRATAP, SARKER
Address	4301 W. BOY SCOUT BLVD. SUITE 800
City-State-Zip:	TAMPA FL 33607