

2025 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:**4301 W. BOY SCOUT BLVD., SUITE 800
TAMPA, FL 33607 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 MANAGER
Name LEMA, CHRISTINA
Address 4 EMBARCADERO CENTER
20TH FLOOR
City-State-Zip: SAN FRANCISCO CA 94111

Title MANAGER
Name HICKEY, JAMES P
Address 2 PRUDENTIAL PLAZA
180 N. STETSON AVE. SUITE 4000
City-State-Zip: CHICAGO IL 60601

Title MANAGER
Name FOSNAUGH, MICHAEL
Address 2 PRUDENTIAL PLAZA
180 N. STETSON AVE. SUITE 4000
City-State-Zip: CHICAGO IL 60601

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

Title MEMBER
Name LIGHTNING ACQUISITION, LLC
Address 401 CONGRESS AVENUE
SUITE 3100
City-State-Zip: AUSTIN TX 78701

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

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

Title MANAGER
Name MURLEY, NICHOLAS
Address 180 N. STETSON AVENUE
STE. 4000
City-State-Zip: CHICAGO IL 60601

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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 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: KAREN MULROE**SECRETARY****04/16/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title OTHER
Name DE CUBA, SHERRY
Address 4301 W. BOY SCOUT BLVD., SUITE 800
City-State-Zip: TAMPA FL 33607

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