

**2020 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	Title	MANAGER
Name	SHETH, BRIAN N	Name	HICKEY, JAMES P
Address	401 CONGRESS AVE. SUITE 3100	Address	2 PRUDENTIAL PLAZA 180 N. STETSON AVE. SUITE 4000
City-State-Zip:	AUSTIN TX 78701	City-State-Zip:	CHICAGO IL 60601
Title	MANAGER	Title	MANAGER, CEO
Name	FOSNAUGH, MICHAEL	Name	ATKIN, RICHARD
Address	2 PRUDENTIAL PLAZA 180 N. STETSON AVE. SUITE 4000	Address	4301 W. BOY SCOUT BLVD., SUITE 800
City-State-Zip:	CHICAGO IL 60601	City-State-Zip:	TAMPA FL 33607
Title	MANAGER	Title	MEMBER
Name	JEHLE, KATHRYN A	Name	LIGHTNING ACQUISITIONS, LLC
Address	401 CONGRESS AVENUE SUITE 3100	Address	401 CONGRESS AVENUE SUITE 3100
City-State-Zip:	AUSTIN TX 78701	City-State-Zip:	AUSTIN TX 78701
Title	SECRETARY	Title	CFO, OTHER
Name	MULROE, KAREN	Name	LANGO, TOM
Address	4301 W. BOY SCOUT BLVD. SUITE 800	Address	4301 W. BOY SCOUT BLVD. SUITE 800
City-State-Zip:	TAMPA FL 33607	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 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****05/11/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER  
Name           STALDER, JOHN  
Address        4 EMBARCADERO CETNER  
                  20TH FLOOR  
City-State-Zip: SAN FRANCISCO CA 94111

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

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

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