

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000005558 (2)**

1. Corporation Name
HEALTHYWAYS, INC.



Principal Place of Business: **555 NORTH JEFFERSON STREET MONTICELLO FL 32344**
Mailing Address: **555 NORTH JEFFERSON STREET MONTICELLO FL 32344**

3. Date incorporated or Qualified: **12/10/1993**
3a. Date of Last Report: **02/24/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: **59-1143105**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MILLER, GEORGE W
240 WEST WASHINGTON STREET
MONTICELLO FL 32344**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when "reinstating") DATE: _____

12. OFFICERS AND DIRECTORS (DELETE checkbox)
D DEMOTT, HERBERT G
ROUTE 1 BOX 197
MONTICELLO FL 32344
PD GUPPY, HAROLD
P.O. BOX 626 N/A
MONTICELLO FL
VD WRIGHT, GARY
P.O. BOX 340 N/A
MONTICELLO FL
STD CROCKER, CARRIE
P.O. BOX 550 N/A
MONTICELLO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Change/Addition checkboxes)
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: H. C. Guppy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96
Date: _____ Daytime Phone # _____

CR2E037 (12/95)

PM 1-4-96