


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000005558</b> 1. Entity Name <b>HEALTHYWAYS, INC.</b>		
Principal Place of Business <b>555 NORTH JEFFERSON STREET MONTICELLO FL 32344</b>		Mailing Address <b>555 NORTH JEFFERSON STREET MONTICELLO FL 32344</b>
2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt #, etc.	
City & State	City & State	
Zip	Country	Zip
<b>6. Name and Address of Current Registered Agent</b>  <b>MILLER, GEORGE W 240 WEST WASHINGTON STREET MONTICELLO FL 32344</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>		



MOORE CR2E037 (11/03)

4. FEI Number <b>59-1143105</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DEMOTT, HERBERT G</b> <b>915 GOVT FARM ROAD</b> <b>MONTICELLO FL 32344</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>U00000073897</b> <b>03/02/04-80055-012 61.25</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BRINSON, JOHN B</b> <b>129 PLANTATION DR</b> <b>THOMASVILLE GA 31792</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VCD</b> <b>WRIGHT, GARY</b> <b>P.O. BOX 340 N/A</b> <b>MONTICELLO FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD</b> <b>GRUBBS, JANA</b> <b>4132 S JEFFERSON ST</b> <b>LAMONT FL 32336</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Jana Grubbs Seal/Exec* 3/1/04 850-997-2044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #