


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000005558
 1. Entity Name
 HEALTHYWAYS, INC.



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



01212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-1143105 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEMOTT, HERBERT G
STREET ADDRESS	915 GOVT FARM ROAD
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	D
NAME	BRINSON, JOHN B
STREET ADDRESS	129 PLANTATION DR
CITY-ST-ZIP	THOMASVILLE, GA 31792
TITLE	VCD
NAME	WRIGHT, GARY
STREET ADDRESS	P.O. BOX 340 N/A
CITY-ST-ZIP	MONTICELLO, FL
TITLE	STD
NAME	GRUBBS, JANA
STREET ADDRESS	4132 S JEFFERSON ST
CITY-ST-ZIP	LAMONT, FL 32336
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/24/05-80166-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: George W. Miller Date: 1-21-05 Daytime Phone #: 997-2646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE W. MILLER