

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90048 043 ****61.25

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01122006 No Chg-NP CR2E037 (11/05)

DOCUMENT # N93000005558
1. Entity Name
HEALTHYWAYS, INC.



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

Mailing Address
**555 NORTH JEFFERSON STREET
MONTICELLO, FL 32344**

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**MILLER, GEORGE W
240 WEST WASHINGTON STREET
MONTICELLO, FL 32344**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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	STD Director
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	Chairperson
NAME	David W. Ward
STREET ADDRESS	P.O. Box 159
CITY-ST-ZIP	Monticello, FL 32344
TITLE	Vice-Chairperson
NAME	Mark Demott
STREET ADDRESS	236 Government Farm Rd
CITY-ST-ZIP	Monticello, FL 32344

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 H. Grubbs* **Jana H. Grubbs** 1/30/06 850 997-2644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #