


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 A
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**



02072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1143105	Applied For <input type="checkbox"/> 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

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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 _____ 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, 2007

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

000000650055
 03/07/07-80076-015 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMOTT, HERBERT G 915 GOVT FARM ROAD MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINSON, JOHN B 129 PLANTATION DR THOMASVILLE, GA 31792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, GARY P.O. BOX 340 N/A MONTICELLO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRUBBS, JANA 4132 S JEFFERSON ST LAMONT, FL 32336
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1C WARD, DAVID W POB 159 MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC DEMOTT, MARK 236 GOVERNMENT FARM RD MONTICELLO, FL 32344

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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 2/23/07 (850) 947-2044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #