

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 27, 2009  
Secretary of State

DOCUMENT# N93000005558

Entity Name: HEALTHYWAYS, INC.

**Current Principal Place of Business:**

555 NORTH JEFFERSON STREET  
MONTICELLO, FL 32344

**New Principal Place of Business:**

**Current Mailing Address:**

555 NORTH JEFFERSON STREET  
MONTICELLO, FL 32344

**New Mailing Address:**

FEI Number: 59-1143105      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRASWELL, TIM  
Address: 1580 LIVE OAK RD  
City-St-Zip: MONTICELLO, FL 32344

Title: VPD ( ) Delete  
Name: BRINSON, JOHN B  
Address: 129 PLANTATION DR  
City-St-Zip: THOMASVILLE, GA 31792

Title: D ( ) Delete  
Name: WRIGHT, GARY  
Address: P.O. BOX 340 N/A  
City-St-Zip: MONTICELLO, FL

Title: STD ( ) Delete  
Name: GRUBBS, JANA  
Address: 4132 S JEFFERSON ST  
City-St-Zip: LAMONT, FL 32336

Title: 1C ( ) Delete  
Name: WARD, DAVID W  
Address: POB 159  
City-St-Zip: MONTICELLO, FL 32344

Title: VC ( ) Delete  
Name: DEMOTT, MARK  
Address: 236 GOVERNMENT FARM RD  
City-St-Zip: MONTICELLO, FL 32344

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE W. MILLER

RA

01/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date