

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005558

FILED  
Apr 09, 2012  
Secretary of State

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:**

GAVINS, SANDRA M  
240 WEST WASHINGTON STREET  
MONTICELLO, FL 32344 US

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: SANDRA M. GAVINS

04/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: D  
Name: BOATWRIGHT, MARGARET  
Address: 369 NASH ROAD  
City-St-Zip: MONTICELLO, FL 32344

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

Title: 1C  
Name: BOYD, JANEGALE W  
Address: 735 W. WASHINGTON STREET  
City-St-Zip: MONTICELLO, FL 32344

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

I hereby 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 all other like empowered.

SIGNATURE: JANA GRUBBS

STD

04/09/2012

Electronic Signature of Signing Officer or Director

Date