

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90183 022 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1143105**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **DEMOTT, HERBERT G**
STREET ADDRESS **ROUTE 1 BOX 197**
CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **915 GOLF FARM ROAD**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BRINSON, JOHN B**
STREET ADDRESS **129 PLANTATION DR**
CITY-ST-ZIP **THOMASVILLE GA 31792**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VCD** ☐ Delete
NAME **WRIGHT, GARY**
STREET ADDRESS **P.O. BOX 340 N/A**
CITY-ST-ZIP **MONTICELLO FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **GRUBBS, JANA**
STREET ADDRESS **RT 1 BOX 103 B**
CITY-ST-ZIP **LAMONT FL 32336**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4132 S. JEFFERSON ST**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: SIGNATURE REQUIRED

CR2E037 (10/02)

Attachment # P98000000801

AQUA MARINE POOLS, INC.
DBA ADVANTAGE POOL BUILDERS
1501 DECKER AVENUE, UNIT # 116
STUART, FL. 34994

8033712

February 19, 2003

Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Re: Doc.#: P98000000801
Annual Report & Certificate of Status

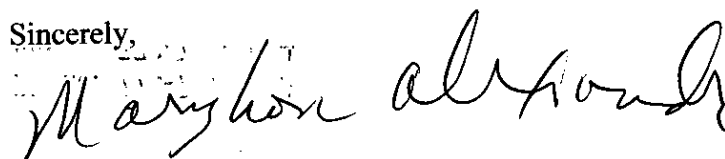
To whom it may concern:

Enclosed please find Check Number 4940 in the Amount of: \$80.00, to pay the balance due for our Annual Report. Also please find Check Number 5029 in the Amount of: \$8.75, to pay for a Certificate of Status. I also included a copy of the original application which was mailed on January 9, 2003 with Check Number 4844, in the Amount of: \$70.00.

I apologize for all the confusion with the wrong amount and then the unsigned check.

Please expedite.

Sincerely,



Mary Lou Alexander
Bookkeeper
Phone: 772-781-3033
Fax: 772-781-3034

1. The undersigned hereby certifies that the information furnished in the enclosed report is true and correct to the best of their knowledge and belief.

2. The undersigned hereby certifies that the information furnished in the enclosed report is true and correct to the best of their knowledge and belief, and that the information is not false or misleading in any material particular.