

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005558

Entity Name: HEALTHYWAYS, INC.**Current Principal Place of Business:**555 NORTH JEFFERSON STREET
MONTICELLO, FL 32344**Current Mailing Address:**555 NORTH JEFFERSON STREET
MONTICELLO, FL 32344**FEI Number:** 59-1143105**Certificate of Status Desired:** No**Name and Address of Current 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

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

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

Title	DIRECTOR
Name	WRIGHT, GARY
Address	555 NORTH JEFFERSON STREET
City-State-Zip:	MONTICELLO FL 32344

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

Title	DIRECTOR
Name	BOYD, JANEGALE W
Address	735 W. WASHINGTON STREET
City-State-Zip:	MONTICELLO FL 32344

Title	DIRECTOR
Name	WARD, DAVID M
Address	P.O. BOX 159
City-State-Zip:	MONTICELLO FL 32345

Title	DIRECTOR
Name	CARSWELL, JACK
Address	555 E. WASHINGTON ST
City-State-Zip:	MONTICELLO FL 32344

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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 H. GRUBBS**SECRETARY/TREASURER** 01/15/2016_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DEMOTT, HERBERT
Address 915 GOVERNMENT FARM RD
City-State-Zip: MONTICELLO FL 32344

Title CHAIRMAN
Name WILLIS, MIKE
Address 555 NORTH JEFFERSON STREET
City-State-Zip: MONTICELLO FL 32344

Title DIRECTOR
Name JERGER, ANDREA
Address P.O. BOX 483
City-State-Zip: MONTICELLO FL 32345

Title DIRECTOR
Name CORBETT, CORNELIA
Address 1043 GUI SANDO DE AVILA
City-State-Zip: TAMPA FL 33613

Title DIRECTOR
Name WALTON, KATRINA
Address 450 CARNEY RD
City-State-Zip: MONTICELLO FL 32344

Title DIRECTOR
Name BROWN, POLLY
Address 625 W MADISON ST
City-State-Zip: MONTICELLO FL 32344

Title DIRECTOR
Name PERKINS, LEIGH
Address 5097 WEST LAKE RD
City-State-Zip: MONTICELLO FL 32344

Title DIRECTOR
Name MESSER, BETTY
Address P. O. BOX 135
City-State-Zip: MONTICELLO FL 32345

Title DIRECTOR
Name MCRAE, CLAUDETTE
Address P. O. BOX 16
City-State-Zip: MONTICELLO FL 32345

Title DIRECTOR
Name SPARKMAN, PAULA
Address 540 COUNTRY HILL RD
City-State-Zip: MONTICELLO FL 32344