

2013 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 PD
Name BRASWELL, TIM
Address 1580 LIVE OAK RD
City-State-Zip: MONTICELLO FL 32344

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

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

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

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

Title VC
Name DEMOTT, MARK
Address 236 GOVERNMENT FARM RD
City-State-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

SECRETARY

01/28/2013

Electronic Signature of Signing Officer/Director Detail

Date