

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005558

**FILED**  
**Jan 24, 2014**  
**Secretary of State**  
**CC0682858104**

**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

STD

01/24/2014

Electronic Signature of Signing Officer/Director Detail

Date