

2017 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**SEC/TREASURER****01/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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 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 BARNHILL, KIM
Address 345 E. WASHINGTON ST
City-State-Zip: MONTICELLO FL 32344