

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005558

**FILED**  
**Jan 06, 2017**  
**Secretary of State**  
**CC2216773009**

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

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

Title           DIRECTOR  
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

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

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

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

**Continues on page 2**

*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