

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000029024

Entity Name: HEALTHYWAY, LLC

**FILED**  
**Apr 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

226-5 SOLONA ROAD, SUITE 202  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

**Current Mailing Address:**

226-5 SOLONA ROAD, SUITE 202  
PONTE VEDRA BEACH, FL 32082 US

**New Mailing Address:**

FEI Number: 26-0483957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNIGEAN, MICHAEL  
100 BRISTOL PLACE  
PONTE VEDRA BEACH, FL 32082 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JOHNIGEAN, MICHAEL  
Address: 226-5 SOLONA ROAD, SUITE 202  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM  
Name: VESS, THOMAS  
Address: 5000 US HWY 17, SUITE 18-333  
City-St-Zip: ORANGE PARK, FL 32003 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: THOMAS VESS

VP

04/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date