

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000018622

Entity Name: HEALTHYWAY USA, LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEBRA S. HILL, PA
8834 GOODBYS EXECUTIVE DRIVE
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

JOHNIGEAN, CHERYL
226-5 SOLANO ROAD, SUITE 202
PONTE VEDRA BEACH, FL 32082 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: CHERYL JOHNIGEAN

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNIGEAN, MICHAEL
Address: 226-5 SOLANO ROAD, SUITE 202
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM () Delete
Name: JOHNIGEAN, CHERYL
Address: 226-5 SOLANO ROAD, SUITE 202
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MICHAEL JOHNIGEAN

CEO

04/14/2009

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