

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # N93000005558

1. Entity Name
HEALTHYWAYS, INC.



Principal Place of Business
555 NORTH JEFFERSON STREET
MONTICELLO, FL 32344

Mailing Address
555 NORTH JEFFERSON STREET
MONTICELLO, FL 32344



02072007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1143105

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, GEORGE W
240 WEST WASHINGTON STREET
MONTICELLO, FL 32344

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000650055
03/07/07-80076-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEMOTT, HERBERT G
STREET ADDRESS	915 GOVT FARM ROAD
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	D
NAME	BRINSON, JOHN B
STREET ADDRESS	129 PLANTATION DR
CITY-ST-ZIP	THOMASVILLE, GA 31792
TITLE	D
NAME	WRIGHT, GARY
STREET ADDRESS	P.O. BOX 340 N/A
CITY-ST-ZIP	MONTICELLO, FL
TITLE	STD
NAME	GRUBBS, JANA
STREET ADDRESS	4132 S JEFFERSON ST
CITY-ST-ZIP	LAMONT, FL 32336
TITLE	1C
NAME	WARD, DAVID W
STREET ADDRESS	POB 159
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	VC
NAME	DEMOTT, MARK
STREET ADDRESS	236 GOVERNMENT FARM RD
CITY-ST-ZIP	MONTICELLO, FL 32344

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jana H. Grubbs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jana H. Grubbs

2/23/07

Date

Daytime Phone #

(850)
797-2044