

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005558

FILED
Jan 06, 2010
Secretary of State

Entity Name: HEALTHYWAYS, INC.

Current Principal Place of Business:

555 NORTH JEFFERSON STREET
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

555 NORTH JEFFERSON STREET
MONTICELLO, FL 32344

New Mailing Address:

FEI Number: 59-1143105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: BRASWELL, TIM
Address: 1580 LIVE OAK RD
City-St-Zip: MONTICELLO, FL 32344

Title: VPD
Name: BRINSON, JOHN B
Address: 129 PLANTATION DR
City-St-Zip: THOMASVILLE, GA 31792

Title: D
Name: WRIGHT, GARY
Address: P.O. BOX 340 N/A
City-St-Zip: MONTICELLO, FL

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

Title: 1C
Name: WARD, DAVID W
Address: POB 159
City-St-Zip: MONTICELLO, FL 32344

Title: VC
Name: DEMOTT, MARK
Address: 236 GOVERNMENT FARM RD
City-St-Zip: MONTICELLO, FL 32344

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: GEORGE MILLER

RA

01/06/2010

Electronic Signature of Signing Officer or Director

Date