No. <b>C 182147</b>		Due no later than Feb 29, 2012 Annual Report Form  1. Mailing Address: Correct in this box if needed.  HEALTHWAYS WHOLEHEALTH NETWORKS, INC. LEANN STOOKSBURY 701 COOL SPRINGS BLVD FRANKLIN TN 37067 USA		;	2. Registered Agent and Address (NO PO BOX)  NATIONAL REGISTERED AGENTS INC  1423 TYRELL LANE BOISE ID 83706 USA  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nar	mes and Busin	ess Addresses o	f President, Secretary, and Directors.	Treasurer (d	optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
TREASURER	BERTIL WESTIN		701 COOL SPRINGS BLVD		FRANKLIN	TN	USA	37067
DIRECTOR	ALFRED LUM	1SDAINE	701 COOL SPRINGS BLVD		FRANKLIN	TN	USA	37067
DIRECTOR	MARY FLIPS	E	701 COOL SPRINGS BLVD		FRANKLIN	TN	USA	37067
DIRECTOR	GLENN HARO	GREAVES	701 COOL SPRINGS BLVD		FRANKLIN	TN	USA	37067
PRESIDENT	ALFRED LUMSDAINE		701 COOL SPRINGS BLVD		FRANKLIN	TN	USA	37067
SECRETARY	MARY FLIPS	E	701 COOL SPRINGS BLVD		FRANKLIN	TN	USA	37067
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE C 182147		Signature: Glenn Hargreaves			Date: 02/27/2012			
		Name (type or print): Glenn Hargreaves			Title: Assistant Secretary/Treasurer			
Processed 02/27/2012 * Electronically provided signatures are accepted as original signatures.								