

1.) CORPORATION NAME:

Healthways WholeHealth Networks, Inc.

DUE DATE: **11/30/2011**

SCC ID NO: **F1689258**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 701 COOL SPRINGS BLVD

CITY/ST/ZIP: FRANKLIN, TN 37067-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ALFRED LUMSDAINE
TITLE: PRESIDENT
ADDRESS: 701 COOL SPRINGS BLVD
CITY/ST/ZIP/CO: FRANKLIN, TN 37067-

OFFICER

DIRECTOR

NAME: JAMES W ELROD
TITLE: SECRETARY
ADDRESS: 701 COOL SPRINGS BLVD
CITY/ST/ZIP/CO: FRANKLIN, TN 37067-

OFFICER

DIRECTOR

NAME: GLENN HARGREAVES
TITLE: ASST SECRETARY
ADDRESS: 701 COOL SPRINGS BLVD
CITY/ST/ZIP/CO: FRANKLIN, TN 37067-

OFFICER

DIRECTOR

NAME: GLENN HARGREAVES
TITLE: ASST TREASURER
ADDRESS: 701 COOL SPRINGS BLVD
CITY/ST/ZIP/CO: FRANKLIN, TN 37067-

OFFICER

DIRECTOR

NAME: BERTIL WESTIN
TITLE: TREASURER
ADDRESS: 701 COOL SPRINGS BLVD
CITY/ST/ZIP/CO: FRANKLIN, TN 37067-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ GLENN HARGREAVES</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>GLENN HARGREAVES, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>11/23/2011</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.