

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91349 044 \*\*\*150.00

**DOCUMENT # P08945**

1. Entity Name  
**AMERICAN HEALTHWAYS SERVICES, INC.**

Principal Place of Business  
**3841 GREEN HILLS VILLAGE DR.**  
**NASHVILLE TN 37215**  
**US**

Mailing Address  
**3841 GREEN HILLS VILLAGE DR.**  
**NASHVILLE TN 37215**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**62-1216689**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KIRK, KATHRYN J	
STREET ADDRESS	3841 GREEN HILLS VILLAGE DR.	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	HERR, HENRY D	
STREET ADDRESS	3841 GREEN HILLS VILLAGE DR.	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUNTER, MARY D	
STREET ADDRESS	3841 GREEN HILLS VILLAGE DR	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STONE, ROBERT E	
STREET ADDRESS	3841 GREEN HILLS VILLAGE DR.	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SIDLOVE, DAVID A	
STREET ADDRESS	3841 GREEN HILLS VILLAGE DR	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CIGARRAN, THOMAS G	
STREET ADDRESS	3841 GREEN HILLS VILLAGE DR.	
CITY-ST-ZIP	NASHVILLE TN 37215	

TITLE	VJ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAPT, MARY	
STREET ADDRESS	3841 GREEN HILLS VILLAGE DR	
CITY-ST-ZIP	NASHVILLE, TN 37215	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERR, HENRY D	
STREET ADDRESS	3841 GREEN HILLS VILLAGE DR	
CITY-ST-ZIP	NASHVILLE, TN 37215	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUMSDAINE, ALFRED	
STREET ADDRESS	3841 GREEN HILLS VILLAGE DR	
CITY-ST-ZIP	NASHVILLE, TN 37215	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Alfred Lumsdaine VP & Controller

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 14, 2002  
 Date

615-665-7690  
 Daytime Phone #

CR2E034 (9/01)