


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State

08-03-2006 90002 015 ***150.00

DOCUMENT # P08945
 1. Entity Name
AMERICAN HEALTHWAYS SERVICES, INC.



Principal Place of Business Mailing Address
P.BOX 158549 **P.BOX 158549**
NASHVILLE, TN 37215 US **NASHVILLE, TN 37215 US**

50024036



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
3841 Green Hills Village Dr. **3841 Green Hills Village Dr.**

07202006 Chg-P CR2E034 (11/05)

City & State City & State
Nashville, TN **Nashville, TN**
 Zip Country Zip Country
37215 **USA** **37215** **USA**

4. FEI Number Applied For
62-1216689 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CHAPUT, MARY 3841 GREEN HILLS VILLAGE DRIVE NASHVILLE, TN 37215 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEEDLE, BEN R 3841 GREEN HILLS VILLAGE DRIVE NASHVILLE, TN 37215 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUNTER, MARY D 3841 GREEN HILLS VILLAGE DR NASHVILLE, TN 37215 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STONE, ROBERT E 3841 GREEN HILLS VILLAGE DR. NASHVILLE, TN 37215 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUMSDAINE, ALFRED 3841 GREEN HILLS VILLAGE DRIVE NASHVILLE, TN 37215 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIGARRAN, THOMAS G 3841 GREEN HILLS VILLAGE DR. NASHVILLE, TN 37215 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TAYLOR, DONALD B. 3841 GREEN HILLS VILLAGE DR. NASHVILLE, TN 37215

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 607, 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: Alfred Lumsdaine Date: July 31, 2006 Daytime Phone #: 615-665-1133