

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2007 8:00 am
Secretary of State

08-22-2007 90022 031 ***150.00

DOCUMENT # P08945

1. Entity Name
AMERICAN HEALTHWAYS SERVICES, INC.



Principal Place of Business Mailing Address

3841 GREEN HILLS VILLAGE DR. **P.BOX 158549**
NASHVILLE, TN 37215 US **NASHVILLE, TN 37215 US**

DO NOT WRITE IN THIS SPACE

90120000



07172007 No Chg-P CR2E034 (11/05)

4. FEI Number 62-1216689	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 14, 2007

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	SD CHAPUT, MARY 3841 GREEN HILLS VILLAGE DRIVE NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEEDLE, BEN R 3841 GREEN HILLS VILLAGE DRIVE NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUMSDAINE, ALFRED 3841 GREEN HILLS VILLAGE DRIVE NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Taylor, Donald B. 3841 Green Hills Village Drive Nashville, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **8-9-07** **615-665-1122**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Alfred Lumsdaine