

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08945

FILED
Apr 27, 2009
Secretary of State

Entity Name: AMERICAN HEALTHWAYS SERVICES, INC.

Current Principal Place of Business:

701 COOL SPRINGS BLVD
FRANKLIN, TN 37067 US

New Principal Place of Business:

Current Mailing Address:

701 COOL SPRINGS BLVD
FRANKLIN, TN 37067 US

New Mailing Address:

FEI Number: 62-1216689 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: CHAPUT, MARY
Address: 701 COOL SPRINGS BLVD
City-St-Zip: FRANKLIN, TN 37067

Title: PD () Delete
Name: LEEDLE, BEN R
Address: 701 COOL SPRINGS BLVD
City-St-Zip: FRANKLIN, TN 37067

Title: TD () Delete
Name: LUMSDAINE, ALFRED
Address: 701 COOL SPRINGS BLVD
City-St-Zip: FRANKLIN, TN 37067

Title: VD () Delete
Name: POPE, JAMES E MD
Address: 701 COOL SPRINGS BLVD
City-St-Zip: FRANKLIN, TN 37067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEOD (X) Change () Addition
Name: LEEDLE, BEN R
Address: 701 COOL SPRINGS BLVD
City-St-Zip: FRANKLIN, TN 37067

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BRUECKNER, STEFEN
Address: 701 COOL SPRINGS BLVD
City-St-Zip: FRANKLIN, TN 37067

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFRED LUMSDAINE

TD

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date