

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90149 030 ***150.00

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1. Entity Name
HEALTHWAYS HEALTH SUPPORT, INC.

Principal Place of Business
**9280 S. KYRENE ROAD, SUITE 137
 TEMPE, AZ 85284**

Mailing Address
**9280 S. KYRENE ROAD, SUITE 137
 TEMPE, AZ 85284**

40060100

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc. **Suite 134**

3. Mailing Address
 Suite, Apt. #, etc. **Suite 134**

City & State

Zip Country



03192007 Chg-P CR2E034 (12/06)

4. FEI Number
86-0713382

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV BYRD, DOUGLAS D ESQ. 9280 S. KYRENE ROAD, SUITE 137 TEMPE, AZ 85284 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO JACQUES, ROBERT 9280 S. KYRENE ROAD, SUITE 137 TEMPE, AZ 85284 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOTTSCHALK, ROBERT 9280 S. KYRENE ROAD, SUITE 137 TEMPE, AZ 85284 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DANIELSON, BARBARA 9280 S. KYRENE ROAD, SUITE 137 TEMPE, AZ 85284 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV DANIELSON, BARBARA 9280 S. KYRENE ROAD, SUITE 137 TEMPE, AZ 85284 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYTLE, L. BEN 9280 S. KYRENE ROAD, SUITE 137 TEMPE, AZ 85284 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Ben R. Leedle, Jr. 9280 S. Kyrene Rd., Suite 134 Tempe, AZ 85284 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D James E. Pope, MD 9280 S. Kyrene Rd., Suite 134 Tempe, AZ 85284 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Mary A. Chaput 9280 S. Kyrene Rd., Suite 134 Tempe, AZ 85284 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Alfred Lumsdaine 9280 S. Kyrene Rd., Suite 134 Tempe, AZ 85284 <input type="checkbox"/> Change <input checked="" 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

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 **March 22, 2007** **615-665-1122**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #