

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90234 004 ***150.00

DOCUMENT # F06000002232

1. Entity Name
HEALTHWAYS HEALTH TRENDS, INC.



Principal Place of Business
**6629 WEST CENTRAL AVENUE, SUITE 100
TOLEDO, OH 43617**

Mailing Address
**6629 WEST CENTRAL AVENUE, SUITE 100
TOLEDO, OH 43617**

40036473



2. Principal Place of Business - No P.O. Box #
701 Cool Springs Blvd.
Suite, Apt. #, etc.

3. Mailing Address
701 Cool Springs Blvd.
Suite, Apt. #, etc.

04212008 Chg-P CR2E034 (12/06)

City & State
Franklin, TN
Zip
37067
Country
USA

City & State
Franklin, TN
Zip
37067
Country
USA

4. FEI Number
34-1561851
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **LEEDLE, BEN R JR**
STREET ADDRESS **6629 W. CENTRAL AVE. SUITE 100**
CITY-ST-ZIP **TOLEDO, OH 43617**

TITLE **VD** ☐ Delete
NAME **POPE, JAMES E**
STREET ADDRESS **6629 WEST CENTRAL AVENUE, SUITE 100**
CITY-ST-ZIP **TOLEDO, OH 43617**

TITLE **SD** ☐ Delete
NAME **CHAPUT, MARY A**
STREET ADDRESS **6629 WEST CENTRAL AVENUE, SUITE 100**
CITY-ST-ZIP **TOLEDO, OH 43617**

TITLE **TD** ☐ Delete
NAME **LUMSDAINE, ALFRED**
STREET ADDRESS **6629 WEST CENTRAL AVENUE, SUITE 100**
CITY-ST-ZIP **TOLEDO, OH 43617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **701 Cool Springs Blvd.**
CITY-ST-ZIP **Franklin, TN 37067**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **701 Cool Springs Blvd.**
CITY-ST-ZIP **Franklin, TN 37067**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **701 Cool Springs Blvd.**
CITY-ST-ZIP **Franklin, TN 37067**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **701 Cool Springs Blvd.**
CITY-ST-ZIP **Franklin, TN 37067**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 2008 **615-614-4929**
Date Daytime Phone #