SIGNATURE:

changed, or on an attachment with an ac-

David A. Sidlowe R YP/Controller

CITY-ST-ZIP Nashville, TN 37215

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if the property of the component of th

615-665-1133

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AMERICAN HEALTHWAYS SERVICES, INC.

F.E.I.N. 62-1216689

VICE PRESIDENTS:

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