


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-05-2008 90234 006 ***150.00

DOCUMENT # P08945	
1. Entity Name AMERICAN HEALTHWAYS SERVICES, INC.	

Principal Place of Business 3841 GREEN HILLS VILLAGE DR. NASHVILLE, TN 37215 US	Mailing Address P.BOX 158549 NASHVILLE, TN 37215 US
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2. Principal Place of Business - No P.O. Box # 701 Cool Springs Blvd.	3. Mailing Address 701 Cool Springs Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Franklin, TN	City & State Franklin, TN
Zip 37067	Zip 37067
Country USA	Country USA



04212008 Chg-P CR2E034 (12/06)

4. FEI Number 62-1216689		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAPUT, MARY 3841 GREEN HILLS VILLAGE DRIVE NASHVILLE, TN 37215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 701 Cool Springs Blvd. Franklin, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEEDLE, BEN R 3841 GREEN HILLS VILLAGE DRIVE NASHVILLE, TN 37215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 701 Cool Springs Blvd. Franklin, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUMSDAINE, ALFRED 3841 GREEN HILLS VILLAGE DRIVE NASHVILLE, TN 37215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 701 Cool Springs Blvd. Franklin, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, DONALD B 3841 GREEN HILLS VILLAGE DR. NASHVILLE, TN 37215 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President / Director James E. Pope, M.D. 701 Cool Springs Blvd. Franklin, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:  **April 23, 2008** **615-614-4929**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #