2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# F00000004521

Entity Name: CORSOLUTIONS INC.

Current Principal Place of Business:

MATRIA HEALTHCARE
1850 PARKWAY PLACE
MARIETTA, GA 30067

New Principal Place of Business:

Current Mailing Address:

9500 WEST BRYN MAWR
SUITE 500
ROSEMONT, IL 60018

New Mailing Address:

1850 PARKWAY PLACE
MARIETTA, GA 30062

FEI Number: 23-2776413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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: PTD ( ) Delete
Name: HASSETT, RICHARD M MD
Address: 1850 PARKWAY PLACE
City-St-Zip: MARIETTA, GA 30067

Title: SD ( ) Delete
Name: PETIT, PARKER H
Address: 1850 PARKWAY PLACE
City-St-Zip: MARIETTA, GA 30067

Title: VP ( ) Delete
Name: KUNTZ, THORNTON A
Address: 1850 PARKWAY PLACE
City-St-Zip: MARIETTA, GA 30067

Title: T ( ) Delete
Name: SCOGGINS, YVONNE V
Address: 1850 PARKWAY PLACE
City-St-Zip: MARIETTA, GA 30067

Title: S ( ) Delete
Name: MCCAW, ROBERTA L
Address: 1850 PARKWAY PLACE
City-St-Zip: MARIETTA, GA 30067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERTA L. MCCAW S 01/10/2007

Electronic Signature of Signing Officer or Director — Date