FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F9600001203 (6)

MATRIA HEALTHCARE, INC.

Principal Place of Business 1850 PARKWAY PLACE	Mailing Address 1850 PARKWAY PLACE	
MARIETTA GA 30087	MARIETTA GA 30067	

FILED Feb 03 1998 8:00am Secretary of State



	ISO PARKWAY PLACE ARIETTA GA 30087			RKWAY PLACE A GA 30067				ĐO NOT W	RITE IN THIS S	PACE		
							3.	Date Incorporated or Qualif				
2. Principal Place of Business 2a. Mailing Address							4	03/08/1996 FEI Number			Applied For	
21				26				58-2205984			Not Applicable	
211	Suite, Apt. #, etc.			Suite, Apt. #, etc.							\$8.75 Additional	
22		27	27				Certificate of Status Desired	· 🗆	Fee Required			
23	City & State		City & 28	City & State			6.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution				
24	Zip	Country	Zip	Zip Cour			8. This corporation owes or has paid the current year Intangib Personal Property Tax due June 30. Yes No				_ `	
24	24 25 29 30 30 30 S. Name and Address of Current Registered Agent						10	Name and Address of New				
				- Gom	Nai		Traine dita Aderese of fice	r trogistorou z	-goint			
C T CORPORATION SYSTEM						L						
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					62	Stre	eet Address (P	P.O. Box Number is Not Acce	ptable)			
					83							
					84	City	y		FL	85 Zi	ip Code	
11.	Pursuant to the provi office or registered a agent. I am familiar v	sions of Sections 607.050 gent, or both, in the State vith, and accept the oblig	02 and 607.1508 of Florida. Suci ations of Section	3, Florida Statute n change was a n 607.0505. Flo	es, the abov authorized b orida Statute	L e-nam y the ∈ s.	ned corporatio corporation's b	on submits this statement for to coard of directors. I hereby a		L L changing intment	g its registered as registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SiGNATURE Signature, typed or printed have of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
40	_ 		en' and tille it applicat ID DIRECTORS	ile. (NOH	13,	ent sign.		ADDITIONS/CHANGES TO C	DATE	DIDEAT	ODC IN 10	
12.		OFFICENS AN	DONECTORS	DELETE	1.1 TITLE			ADDITIONS/CHANGES TO C		Change		
NAS	! -	PETIT, PARKER H							,	Unang	e LJ Addition	
						1.2 NAME						
		MADEREL OF ASSAU				1.3 STREET ADDRESS 1.4 CITY-ST-ZIP						
TITL		2 -		DELETE	2 1 TITLE	91 - 2 tr				Change	e Addition	
NAN	,	BURKEY, J. BRENT SR		2.2 NAME				•	•			
	STREET ADDRESS 1850 PARKWAY PLACE					ADDDE	00					
CITY-ST-ZIP MARIETTA GA 30067					2.3 STREET		33			,	İ	
TITL		10 00 00001		DELETE	2. 4 CITY - 3.1 TITLE	51-ZIP		Int, CEO OC	East	Change	e Addition	
NAN		D, DONALDNI R SH	مس	C beerie	3.2 NAME		Dine	1017	/ 0 1	- Onlange	Addition	
						40000		(777				
STREET ADDRESS 1850 PARKWAY PLACE OITY-ST-ZIP MARIETTA GA 30067				3.3 STREET ADDRESS		55						
		1X OX 30007	·	DELETE	3.4 CITY-	S1 - ZIP		1: UP 0 4404	N = .7 c T	Change	Addition	
TITL				☐ DECETE			- Xeo	ntive UP, CODEV. Drs. Frank D. Parkway Place	DITTE TOTAL		e 🛂 Addition	
NAN	ĺ				4. 2 NAME		FONE	Parker Place	e			
	ET ADDRESS			•	4.3 STREET		SS (8 5 D	ietta GA 30	. 6. 7			
	-ST-ZIP			DE ETE	4.4 CITY - S	1 - ZIP	Mas	ietta GA GO				
TITL	1			DELETE	51 TITLE				ι	Change	Addition	
NAM	E				5.2 NAME							
STR	ET ADDRESS				53 STAFET	AUDRE:	SS					
CITY	-ST-ZIP		<u> </u>		5.4 CITY - S	T- ZIP						
TITL	E			☐ D€LETE	6.1 TITLE					Change	Addition	
NAM	E				6.2 NAME							
STRI	ET ADDRESS	•			6.3 STREET	ADDRES	SS					
_												

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.