

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90236 029 \*\*\*550.00

**DOCUMENT # F96000001203**

1. Entity Name  
**MATRIA HEALTHCARE, INC.**

Principal Place of Business

**1850 PARKWAY PLACE  
 MARIETTA GA 30067**

Mailing Address

**1850 PARKWAY PLACE  
 MARIETTA GA 30067**

00127422



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **58-2205984**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE **CEOP** ☐ Delete  
 NAME **PETIT, PARKER H**  
 STREET ADDRESS **1850 PARKWAY PLACE**  
 CITY-ST-ZIP **MARIETTA GA 30067**

TITLE **VGCS** ☐ Delete  
 NAME **MCCAW, ROBERTA L**  
 STREET ADDRESS **1850 PARKWAY PLACE**  
 CITY-ST-ZIP **MARIETTA GA 30067**

TITLE **VP** ☒ Delete  
 NAME **POWERS, FRANK-D**  
 STREET ADDRESS **1850 PARKWAY PLACE**  
 CITY-ST-ZIP **MARIETTA GA 30067**

TITLE **VAT** ☐ Delete  
 NAME **SCOGGINS, YVONNE J**  
 STREET ADDRESS **1850 PARKWAY PL**  
 CITY-ST-ZIP **MARIETTA GA 30067**

TITLE **EVPD** ☐ Delete  
 NAME **KOESELL, JEFFREY D**  
 STREET ADDRESS **1850 PARKWAY PLACE**  
 CITY-ST-ZIP **MARIETTA GA 30067**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP-Finance & CFO** ☐ Change ☒ Addition  
 NAME **George Dunaway**  
 STREET ADDRESS **1850 Parkway Place**  
 CITY-ST-ZIP **Marietta, GA 30067**

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

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

13. 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 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: *Roberta L. McCaw* ARE REQUIRED Roberta L. McCaw 7-1-02 770/767-4501**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE034 (4/02)