

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001203

FILED
Jun 30, 2005
Secretary of State

Entity Name: MATRIA WOMEN'S AND CHILDREN'S HEALTH, INC.

Current Principal Place of Business:

1850 PARKWAY PLACE
MARIETTA, GA 30067

New Principal Place of Business:

Current Mailing Address:

1850 PARKWAY PLACE
MARIETTA, GA 30067

New Mailing Address:

FEI Number: 58-2205984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: VPF () Delete
Name: MENGERT, STEPHEN
Address: 1850 PARKWAY PLACE
City-St-Zip: MARIETTA, GA 30067

Title: VAT () Delete
Name: SCOGGINS, YVONNE J
Address: 1850 PARKWAY PL
City-St-Zip: MARIETTA, GA 30067

Title: PCOO () Delete
Name: HALL, THOMAS
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 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 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. MCCAOW

VGCS

06/30/2005

Electronic Signature of Signing Officer or Director

Date