



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000132837</b>		2. Exact name of the Corporation <b>GF HEALTH PRODUCTS, INC.</b>			
3. Principal office address <b>2935 NORTHEAST PARKWAY</b>			City <b>ATLANTA</b>	State <b>GA</b>	Zip <b>30360</b>
4. Business Phone No. <b>770-368-4700</b>			5. State of Incorporation <b>DE</b>		
6. Brief description of the character of business conducted in Rhode Island <b>MANUFACTURER AND DISTRIBUTOR OF MEDICAL PRODUCTS</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>KENNETH SPETT</b>			Vice-President Name <b>CHERIE ANTONIAZZI</b>		
Street Address <b>2935 NORTHEAST PARKWAY</b>			Street Address <b>2935 NORTHEAST PARKWAY</b>		
City <b>ATLANTA</b>	State <b>GA</b>	Zip <b>30360</b>	City <b>ATLANTA</b>	State <b>GA</b>	Zip <b>30360</b>
Secretary Name <b>IVAN BIELIK</b>			Treasurer Name		
Street Address <b>2935 NORTHEAST PARKWAY</b>			Street Address		
City <b>ATLANTA</b>	State <b>GA</b>	Zip <b>30360</b>	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>MOSES MARX</b>			Director Name <b>PHILIPPE KATZ</b>		
Street Address <b>2935 NORTHEAST PARKWAY</b>			Street Address <b>2935 NORTHEAST PARKWAY</b>		
City <b>ATLANTA</b>	State <b>GA</b>	Zip <b>30360</b>	City <b>ATLANTA</b>	State <b>GA</b>	Zip <b>30360</b>
Director Name <b>KENNETH SPETT</b>			Director Name		
Street Address <b>2935 NORTHEAST PARKWAY</b>			Street Address		
City <b>ATLANTA</b>	State <b>GA</b>	Zip <b>30360</b>	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1735731	COMMON	.01

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 CORPORATIONS DIV  
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This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**  
 FEB 29 2016  
 Signature of Authorized Representative: Vicki Bauer Date: 2/25/16  
 Print or Type Name of Authorized Representative: A.A. 8:47 A.M.