



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 **2014**

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. 000132837		2. Exact name of the Corporation GF HEALTH PRODUCTS, INC.								
3. Principal office address 2935 NORTHEAST PARKWAY			City ATLANTA	State GA	Zip 30360					
4. Business Phone No. 770-368-4700			5. State of Incorporation DE							
6. Brief description of the character of business conducted in Rhode Island MANUFACTURER AND DISTRIBUTOR OF MEDICAL PRODUCTS										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name KENNETH SPETT			Vice-President Name CHERIE ANTONIAZZI							
Street Address 2935 NORTHEAST PARKWAY			Street Address 2935 NORTHEAST PARKWAY							
City ATLANTA	State GA	Zip 30360	City ATLANTA	State GA	Zip 30360					
Secretary Name IVAN BIELIK			Treasurer Name							
Street Address 2935 NORTHEAST PARKWAY			Street Address							
City ATLANTA	State GA	Zip 30360	City	State	Zip					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name MOSES MARX			Director Name PHILIPPE KATZ							
Street Address 2935 NORTHEAST PARKWAY			Street Address 2935 NORTHEAST PARKWAY							
City ATLANTA	State GA	Zip 30360	City ATLANTA	State GA	Zip 30360					
Director Name KENNETH SPETT			Director Name							
Street Address 2935 NORTHEAST PARKWAY			Street Address							
City ATLANTA	State GA	Zip 30360	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.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative: Vicki Baur Date: 2/25/16

Print or Type Name of Authorized Representative: Vicki Baur

File Date _____
 Check No _____
 By _____
 FOR SECRETARY OF STATE USE ONLY

FILED
 FEB 29 2016
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 A.A. 8:46 A.M.