



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 **2013**

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
		1735731	COMMON
		PAR VALUE	.01

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 SECRETARY OF STATE
 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

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

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A.A. 8:45 A.M.