



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

2761P

**Annual Report for the year:** 2019  
**Corporation**

2019 FEB 19 AM 10:27

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1

1. Entity ID Number 000132837		2. Exact name of the Corporation GF Health Products, Inc.					
3. Principal Office Address One Graham-Field Way			City Atlanta	State GA	Zip 30340		
4. NAICS Code 339113		6. Brief description of the character of business conducted in Rhode Island Manufacturing and Distribution of Medical Products					
5. State of Incorporation Delaware							
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>		
President Name Kenneth Spett			Vice-President Name Cherie Antoniazzi				
Street Address One Graham-Field Way			Street Address One Graham-Field Way				
City Atlanta	State GA	Zip 30340	City Atlanta	State GA	Zip 30340		
Secretary Name Lori Kirschner			Treasurer Name				
Street Address One Graham-Field Way			Street Address				
City Atlanta	State GA	Zip 30340	City	State	Zip		
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>		
Director Name Kenneth Spett			Director Name Moses Marx				
Street Address One Graham-Field Way			Street Address One Graham-Field Way				
City Atlanta	State GA	Zip 30340	City Atlanta	State GA	Zip 30340		
Director Name Philippe Katz			Director Name				
Street Address One Graham-Field Way			Street Address				
City Atlanta	State GA	Zip 30340	City	State	Zip		
9. Shares Authorized		10. Shares Issued				Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		1,735,731		Common Stock		\$0.01	
11. 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. <b>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.</b>							
Name of Authorized Representative Lori Kirschner					Date 2/8/2019		
Signature of Authorized Representative					FILED FEB 19 2019 BY <i>[Signature]</i> H.A. 10:29 AM		
NOT A DOCUMENT HERE							