



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	PAR VALUE
			1735731	COMMON	.01

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.

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

Vicki Baur
Print or Type Name of Authorized Representative