

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000806

FILED  
Mar 14, 2011  
Secretary of State

Entity Name: GF HEALTH PRODUCTS, INC.

**Current Principal Place of Business:**

2935 NORTHEAST PARKWAY  
ATLANTA, GA 30045

**New Principal Place of Business:**

**Current Mailing Address:**

2935 NORTHEAST PARKWAY  
ATLANTA, GA 30045

**New Mailing Address:**

FEI Number: 36-4528536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: MARX, MOSES  
Address: 2935 NORTHEAST PARKWAY  
City-St-Zip: ATLANTA, GA 30360

Title: PCEO  
Name: SCHERER, BEATRICE  
Address: 2935 NORTHEAST PARKWAY  
City-St-Zip: ATLANTA, GA 30360

Title: D  
Name: SCHERER, BEATRICE  
Address: 2935 NORTHEAST PARKWAY  
City-St-Zip: ATLANTA, GA 30360

Title: D  
Name: KATZ, PHILIPPE  
Address: 2935 NORTHEAST PARKWAY  
City-St-Zip: ATLANTA, GA 30360

Title: VP  
Name: ANTONIAZZI, CHERIE  
Address: 2935 NORTHEAST PARKWAY  
City-St-Zip: ATLANTA, GA 30360

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VICKI BAUR

CONT

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date