

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000806

**Entity Name:** GF HEALTH PRODUCTS, INC.

**Current Principal Place of Business:**

2935 NORTHEAST PARKWAY  
ATLANTA, GA 30045

**Current Mailing Address:**

2935 NORTHEAST PARKWAY  
ATLANTA, GA 30045

**FEI Number: 36-4528536**

**Certificate of Status Desired: Yes**

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

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

*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

**Officer/Director Detail :**

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

Title CEO, / PRESIDENT/DIRECTOR  
Name SPETT, KENNETH  
Address 2935 NORTHEAST PARKWAY  
City-State-Zip: ATLANTA GA 30360

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

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

Title CFO  
Name BIELIK, I  
Address 2935 NORTHEAST PARKWAY  
City-State-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: CHERIE ANTONIAZZI**

**OFFICER**

**06/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date