

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000806

Entity Name: GF HEALTH PRODUCTS, INC.**Current Principal Place of Business:**ONE GRAHAM-FIELD WAY
ATLANTA, GA 30340**Current Mailing Address:**ONE GRAHAM-FIELD WAY
ATLANTA, GA 30340 US**FEI Number:** 36-4528536**Certificate of Status Desired:** No**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 ONE GRAHAM-FIELD WAY
City-State-Zip: ATLANTA GA 30340

Title CEO, / PRESIDENT/DIRECTOR
Name SPETT, KENNETH
Address ONE GRAHAM-FIELD WAY
City-State-Zip: ATLANTA GA 30340

Title DIRECTOR
Name KATZ, PHILIPPE
Address ONE GRAHAM-FIELD WAY
City-State-Zip: ATLANTA GA 30340

Title VP
Name ANTONIAZZI, CHERIE
Address ONE GRAHAM-FIELD WAY
City-State-Zip: ATLANTA GA 30340

Title SECRETARY
Name KIRSCHNER, LORI
Address ONE GRAHAM-FIELD WAY
City-State-Zip: ATLANTA GA 30340

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: SPETT, KENNETH

CEO/PRESIDENT

01/21/2021

Electronic Signature of Signing Officer/Director Detail_____
Date