

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000005889

FILED
Apr 19, 2024
Secretary of State
1253446585CC

Entity Name: PARTNERSHIP FOR A HEALTHIER AMERICA INC.

Current Principal Place of Business:

200 MASSACHUSETTS AVENUE NW,
7TH FL, C/O WEWORK
WASHINGTON, DC 20001

Current Mailing Address:

POST OFFICE BOX 1200
PRINCE FREDERICK, MD 20678 US

FEI Number: 27-1712188

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET, STE 4
TALLAHASSEE, FL 32301 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	PRESIDENT & CEO	Title	SENIOR VP, FINANCE
Name	SPRINGSTEAD, NOREEN	Name	IBEZIM, CHIDIMMA
Address	200 MASSACHUSETTS AVENUE NW, 7TH FL, C/O WEWORK	Address	200 MASSACHUSETTS AVENUE NW, 7TH FL, C/O WEWORK
City-State-Zip:	WASHINGTON DC 20001	City-State-Zip:	WASHINGTON DC 20001
Title	SENIOR VP, COMMUNICATIONS	Title	DIRECTOR
Name	WILSON, JASON	Name	DOLAN, M.B.A., PETER R.
Address	200 MASSACHUSETTS AVENUE NW, 7TH FL, C/O WEWORK	Address	200 MASSACHUSETTS AVENUE NW, 7TH FL, C/O WEWORK
City-State-Zip:	WASHINGTON DC 20001	City-State-Zip:	WASHINGTON DC 20001
Title	BOARD SECRETARY	Title	DIRECTOR
Name	SARASIN, LESLIE	Name	REID, GORDON
Address	200 MASSACHUSETTS AVENUE NW, 7TH FL, C/O WEWORK	Address	200 MASSACHUSETTS AVENUE NW, 7TH FL, C/O WEWORK
City-State-Zip:	WASHINGTON DC 20001	City-State-Zip:	WASHINGTON DC 20001
Title	BOARD TREASURER	Title	DIRECTOR
Name	KIELY, JOHN	Name	BLAIR, DAVID
Address	200 MASSACHUSETTS AVENUE NW, 7TH FL, C/O WEWORK	Address	200 MASSACHUSETTS AVENUE NW, 7TH FL, C/O WEWORK
City-State-Zip:	WASHINGTON DC 20001	City-State-Zip:	WASHINGTON DC 20001

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NOREEN SPRINGSTEAD

PRESIDENT & CEO

04/19/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DIETZ, M.D., PH.D., WILLIAM (BILL) H.
Address 200 MASSACHUSETTS AVENUE NW,
7TH FL, C/O WEWORK
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name HOUSTON, DANIEL J.
Address 200 MASSACHUSETTS AVENUE NW,
7TH FL, C/O WEWORK
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name GREEN, VIVIANA LOPEZ
Address 200 MASSACHUSETTS AVENUE NW,
7TH FL, C/O WEWORK
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name LANGHEIER, JASON
Address 200 MASSACHUSETTS AVENUE NW,
7TH FL, C/O WEWORK
City-State-Zip: WASHINGTON DC 20001