

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 19, 2008  
Secretary of State

DOCUMENT# F04000006764

Entity Name: PUBLIC HEALTH FOUNDATION ENTERPRISES, INC.

**Current Principal Place of Business:**

13200 CROSSROADS PARKWAY NORTH, SUITE 125  
CITY OF INDUSTRY, CA 91746

**New Principal Place of Business:**

**Current Mailing Address:**

13200 CROSSROADS PARKWAY NORTH, SUITE 125  
CITY OF INDUSTRY, CA 91746

**New Mailing Address:**

FEI Number: 95-2557063      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD.  
SUITE 101  
TALLAHASSEE, FL 323012960 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: CEOP ( ) Delete  
Name: SOLOMON, GERALD R  
Address: 13200 CROSSROADS PARKWAY NORTH, STE 135  
City-St-Zip: CITY OF INDUSTRY, CA 91746

Title: S ( ) Delete  
Name: WESTFALL, ROBERT D  
Address: 2 SOUTH OLD RANCH ROAD  
City-St-Zip: ARCADIA, CA 91107

Title: VPAS ( ) Delete  
Name: VACKO, SUSAN  
Address: 9151 CAMELLIA COURT  
City-St-Zip: ALTA LOMA, CA 91737

Title: BOD ( ) Delete  
Name: QURESHI, AZHAR K  
Address: 500 SOUTH MAIN STREET #900  
City-St-Zip: ORANGE, CA 928684533

Title: BOD ( ) Delete  
Name: DIGIAMPAOLO, ELLEN R RD  
Address: 303 W. HILLDALE STREET  
City-St-Zip: INGLEWOOD, CA 90302

Title: BOD ( ) Delete  
Name: DRAKE, ANNETTE T  
Address: 19515 EAGLE RIDGE LANE  
City-St-Zip: NORTHRIDGE, CA 91326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUSAN VACKO

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

VP

03/19/2008

\_\_\_\_\_  
Date