

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006764

FILED
Jan 13, 2009
Secretary of State

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: CEOP (X) Change () Addition
Name: BERTLER, MARK J
Address: 13200 CROSSROADS PARKWAY NORTH, STE 135
City-St-Zip: CITY OF INDUSTRY, CA 91746

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

VP

01/13/2009

Electronic Signature of Signing Officer or Director

Date