

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 29, 2011
Secretary of State

Entity Name: PUBLIC HEALTH FOUNDATION ENTERPRISES, INC.

Current Principal Place of Business:

12801 CROSSROADS PARKWAY SOUTH
SUITE 200
CITY OF INDUSTRY, CA 91746

New Principal Place of Business:

Current Mailing Address:

12801 CROSSROADS PARKWAY SOUTH
SUITE 200
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: CEO
Name: BERTLER, MARK J CAE
Address: 218 EAST UTICA AVENUE
City-St-Zip: HUNTINGTON BEACH, CA 92648

Title: OPS
Name: VACKO, SUSAN Y
Address: 9151 CAMELLIA COURT
City-St-Zip: ALTA LOMA, CA 91737

Title: CHR
Name: ASCHER, MICHAEL S MD
Address: 1515 EL SOMBRO COURT
City-St-Zip: LAYFATTE, CA 94549

Title: 1-CH
Name: LAI, BRUCE
Address: 60 CHEEVER PLACE, #1
City-St-Zip: BROOKLYN, NY 11231

Title: 2-CH
Name: JACOBSON, PETER D
Address: 1116 MARTIN PLACE
City-St-Zip: ANN ARBOR, MI 48104

Title: TRES
Name: ANGEL, KAREN L
Address: 23244 SHERWOOD PLACE
City-St-Zip: VALENCIA, CA 91354

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: LORENA C. MARTIN

COMP

04/29/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date