

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000006764

**FILED**  
**Mar 16, 2017**  
**Secretary of State**  
**CC1205028524**

**Entity Name:** PUBLIC HEALTH FOUNDATION ENTERPRISES, INC.

**Current Principal Place of Business:**

13300 CROSSROADS PARKWAY NORTH  
SUITE 450  
CITY OF INDUSTRY, CA 91746

**Current Mailing Address:**

13300 CROSSROADS PARKWAY NORTH  
SUITE 450  
CITY OF INDUSTRY, CA 91746 US

**FEI Number:** 95-2557063

**Certificate of Status Desired:** Yes

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            CEO  
Name            CUTLER, BLAYNE  
Address        13300 CROSSROADS PARKWAY  
                  NORTH  
                  SUITE 450  
City-State-Zip: INDUSTRY CA 91746

Title            CHAIRMAN  
Name            RAMANATHAN, ERIK D.  
Address        13300 CROSSROADS PARKWAY  
                  NORTH  
                  SUITE 450  
City-State-Zip: INDUSTRY CA 91746

Title            SECRETARY  
Name            JOSEPH, TAMARA  
Address        13300 CROSSROADS PARKWAY  
                  NORTH  
                  SUITE 450  
City-State-Zip: INDUSTRY CA 91746

Title            TREASURER  
Name            JENKS, ROBERT  
Address        13300 CROSSROADS PARKWAY  
                  NORTH  
                  SUITE 450  
City-State-Zip: INDUSTRY CA 91746

Title            VICE CHAIR  
Name            FINELY, DELVECCHIO  
Address        13300 CROSSROADS PARKWAY  
                  NORTH  
                  SUITE 450  
City-State-Zip: INDUSTRY CA 91746

*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:** BLAYNE CUTLER, MD, PHD.

**PRESIDENT/CEO**

**03/16/2017**

Electronic Signature of Signing Officer/Director Detail

Date