## 2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006764

Entity Name: PUBLIC HEALTH FOUNDATION ENTERPRISES, INC.

FILED
May 16, 2022
Secretary of State
7535060595CC

## **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

Officer/Director Detail :

Title CEO Title CHAIRMAN

Name CUTLER, BLAYNE Name BAKER, ALEX

Address 13300 CROSSROADS PARKWAY Address 13300 CROSSROADS PARKWAY

NORTH SUITE 450 NORTH SUITE 450

City-State-Zip: INDUSTRY CA 91746 City-State-Zip: INDUSTRY CA 91746

TitleSECRETARYTitleTREASURERNameJOSEPH, TAMARANameJENKS, ROBERT

Address 13300 CROSSROADS PARKWAY Address 13300 CROSSROADS PARKWAY

NORTH SUITE 450 NORTH SUITE 450

City-State-Zip: INDUSTRY CA 91746 City-State-Zip: INDUSTRY CA 91746

Title VICE CHAIR Title CFO

Name NGUYEN, VON Name GIESELER, BRIAN

Address 13300 CROSSROADS PARKWAY Address 13300 CROSSROADS PARKWAY

NORTH SUITE 450 SUITE 450

City-State-Zip: INDUSTRY CA 91746 City-State-Zip: CITY OF INDUSTRY CA 91746

Title HR OFFICER Title CHIEF PROGRAM OFFICER

Name SEIFERT, TIM Name DALE, PETER

Address 13300 CROSSROADS PARKWAY Address 13300 CROSSROADS PARKWAY

NORTH SUITE 450 NORTH SUITE 450

City-State-Zip: CITY OF INDUSTRY CA 91746 City-State-Zip: CITY OF 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 CEO 05/16/2022

Date