

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006764

FILED
Mar 17, 2023
Secretary of State
3994627851CC

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 BAKER, ALEX
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 VETTICADEN, SANTOSH
Address 13300 CROSSROADS PARKWAY
 NORTH
 SUITE 450
City-State-Zip: CITY OF INDUSTRY CA 91746

Title CFO
Name GIESELER, BRIAN
Address 13300 CROSSROADS PARKWAY
 NORTH
 SUITE 450
City-State-Zip: CITY OF INDUSTRY CA 91746

Title HR OFFICER
Name SEIFERT, TIM
Address 13300 CROSSROADS PARKWAY
 NORTH
 SUITE 450
City-State-Zip: CITY OF INDUSTRY CA 91746

Title CHIEF PROGRAM OFFICER
Name DALE, PETER
Address 13300 CROSSROADS PARKWAY
 NORTH
 SUITE 450
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, M.D., PH.D.

PRESIDENT & CEO

03/17/2023

Electronic Signature of Signing Officer/Director Detail

Date