

2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006764

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:** No**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	PRESIDENT & CEO
Name	CUTLER, BLAYNE
Address	13300 CROSSROADS PARKWAY NORTH SUITE 450
City-State-Zip:	CITY OF INDUSTRY CA 91746

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

Title	SECRETARY
Name	MACARCHUK, NICOLE
Address	13300 CROSSROADS PARKWAY NORTH SUITE 450
City-State-Zip:	CITY OF INDUSTRY CA 91746

Title	TREASURER
Name	LAZZARINI, ALESSANDRO
Address	13300 CROSSROADS PARKWAY NORTH SUITE 450
City-State-Zip:	CITY OF INDUSTRY CA 91746

Title	VC
Name	EDWARDS, CARLADENISE
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	HUMAN RESOURCES OFFICER
Name	GUTIERREZ, LOUIS
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**PRESIDENT & CEO****03/24/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date