SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $365)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 8:24

DOCUMENT # **N47744** **(0)**

1. Corporation Name
UNITED PATIENTS ASSOCIATION FOR PULMONARY HYPERT ENSION, INC.

Principal Place of Business	Mailing Address
1060 PEMBROKE AVENUE N.E. PALM BAY FL 32907	1060 PEMBROKE AVENUE N.E. PALM BAY FL 32907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1992
3a. Date of Last Report: 05/23/1994
4. FEI Number: 59-3097505 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KNAZIK, TERESA R.
1060 PEMBROKE AVENUE N.E.
PALM BAY FL 32907

10. Name and Address of New Registered Agent

81 Name: KNAZIK, Robert J
82 Street Address (P.O. Box Number is Not Acceptable): 1060 Pembroke Ave NE
83: P
84 City: Palm Bay FL 85 Zip Code: 32907

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Robert J KNAZIK — 15 JUN 95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	SIMPSON, JUDY	12 NAME		
STREET ADDRESS	116 MATTEK AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	DEKALB IL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	DUKART, BONNIE	22 NAME		
STREET ADDRESS	880 DANIEL DR.	23 STREET ADDRESS		
CITY-ST-ZIP	RIVER VALE NJ 07675	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	KNAZIK, ROBERT J.	32 NAME		
STREET ADDRESS	1060 PEMBROKE AVENUE NE	33 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE	TD	☒ Change ☐ Addition
NAME	KNAZIK, TERESA R.	42 NAME	PATTON, JERRY	
STREET ADDRESS	1060 PEMBROKE AVENUE NE	43 STREET ADDRESS	14454 SANDPIPER DR	
CITY-ST-ZIP	PALM BAY FL	44 CITY-ST-ZIP	INDIANTOWN FL 34956	
TITLE	SD	51 TITLE		☐ Change ☐ Addition
NAME	OLSON, DOROTHY	52 NAME		
STREET ADDRESS	3215 MONZA DR.	53 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	OLSON, HARRY	62 NAME		
STREET ADDRESS	3215 MONZA DR.	63 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL	64 CITY-ST-ZIP		

C2E037 (395)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert J KNAZIK — 15 JUN 95 — 407-729-7182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005216