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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name

UNITED PATIENTS ASSOCIATION FOR PULMONARY HYPERTENSION, INC.

Principal Place of Business	Mailing Address
PO BOX 24733 SPEEDWAY IN 46224-0733	PO BOX 24733 SPEEDWAY IN 46224-0733

3. Date Incorporated or Qualified: **03/09/1992**
3a. Date of Last Report: **03/21/1996**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PATON, GERALD
14459 SANDWEDGE DRIVE
INDIANTOWN FL 34958

10. Name and Address of New Registered Agent

81 Name: Gerald Paton
82 Street Address (P.O. Box Number is Not Acceptable): 14459 Sandwedge
83
84 City: Indiantown FL 85 Zip Code: 34956

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: X Gerald D. Paton — Apr. 14, 1997
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	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	SIMPSON, JUDY		1.2 NAME		
STREET ADDRESS	116 MATTEK AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DEKALB IL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	DUKART, BONNIE		2.2 NAME		
STREET ADDRESS	880 DANIEL DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	RIVER VALE NJ 07675		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, CAROL		3.2 NAME		
STREET ADDRESS	9009 VILLAGE GROVE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WAYNE IN		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PATON, GERALD		4.2 NAME		
STREET ADDRESS	14459 SANDWEDGE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL		4.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	5.1 TITLE	S/D	☐ Change ☒ Addition
NAME	OLSON, DOROTHY		5.2 NAME	GARY DUKART	
STREET ADDRESS	3215 MONZA DR.		5.3 STREET ADDRESS	1714 Benjamin Drive	
CITY-ST-ZIP	SEBRING FL		5.4 CITY-ST-ZIP	Amber, PA 19002	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	OLSON, HARRY		6.2 NAME	Betty Lou Wojciechowski	
STREET ADDRESS	3215 MONZA DR.		6.3 STREET ADDRESS	10 Via Entrada	92688
CITY-ST-ZIP	SEBRING FL		6.4 CITY-ST-ZIP	Rancho Santa Margarita CA	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Bonnie J. Dukart — 4/7/97 — 215-542-5691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0075928