

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06936

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** THE FOUNDATION FOR PULMONARY HYPERTENSION, INC.

**Current Principal Place of Business:**

1365 BRIGHTWATERS BLVD. NE  
ST. PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

1365 BRIGHTWATERS BLVD. NE  
ST. PETERSBURG, FL 33704

**New Mailing Address:**

**FEI Number:** 59-2510198

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HANSEL, ANDREW T  
1365 BRIGHTWATERS BLVD. NE  
ST. PETERSBURG, FL 33704 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HANSEL, STEPHEN A  
Address: 1365 BRIGHTWATERS BLVD. NE  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: D ( ) Delete  
Name: HANSEL, DEREK S  
Address: 1102 COVENTRY AVENUE  
City-St-Zip: CHELTENHAM, PA 19102

Title: D ( ) Delete  
Name: FISHMAN, ALFRED P DR.  
Address: 1320 BLOCKLEY HALL, 423 GUARDIAN DRIVE  
City-St-Zip: PHILADELPHIA, PA 19104

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEPHEN A HANSEL

PD

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date