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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

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1. Corporation Name

PULMONARY HYPERTENSION ASSOCIATION, INC.

Principal Place of Business

1313 PONCE DE LEON BLVD. #200  
CORAL GABLES FL 33134

Mailing Address

1313 PONCE DE LEON BLVD. #200  
CORAL GABLES FL 33134



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/18/1998

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

9. Name and Address of Current Registered Agent

MORGAN, CHARLES O JR.  
1300 NORTHWEST 167TH STREET  
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CARR, LINDA  
STREET ADDRESS 1048 IBIS AVENUE  
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE D ☐ DELETE

NAME DUKART, BONNIE  
STREET ADDRESS 1714 BENJAMIN DRIVE  
CITY-ST-ZIP AMBLER PA 19002

TITLE D ☐ DELETE

NAME DUKART, GARY  
STREET ADDRESS 1714 BENJAMIN DRIVE  
CITY-ST-ZIP AMBLER PA 19002

TITLE D ☐ DELETE

NAME GUNN, DAVID  
STREET ADDRESS 1913 KNICKERBOCKER ROAD  
CITY-ST-ZIP INDIANTOWN FL 34956

TITLE D ☐ DELETE

NAME PATON, GERALD  
STREET ADDRESS 14459 SANDWEDGE DRIVE  
CITY-ST-ZIP INDIANTOWN FL 34956

TITLE D ☐ DELETE

NAME SIMPSON, ED  
STREET ADDRESS 84 BANDY DRIVE  
CITY-ST-ZIP HOLIDAY ISLAND AR 72631

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb. 16, 1999 (561-597-4962)

CR2E037 (11/98)