

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State
 02-22-2000 90034 042 ****61.25

DOCUMENT # N98000003561

1. Entity Name
PULMONARY HYPERTENSION ASSOCIATION, INC.

Principal Place of Business Mailing Address

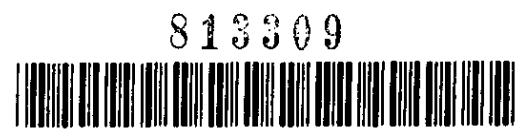
1313 PONCE DE LEON BLVD. #200 **1313 PONCE DE LEON BLVD. #200**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134-3343**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3097505** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
ST-ZIP	D CARR, LINDA 1048 IBIS AVENUE MIAMI SPRINGS FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	D DUKART, BONNIE 1714 BENJAMIN DRIVE AMBLER PA 19002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	D DUKART, GARY 1714 BENJAMIN DRIVE AMBLER PA 19002 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP MASTIBBS, JACK 44 HIGHBISH CT THE WOODLANDS TX 77381 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST ZIP	D GUNN, DAVID 1913 KNICKERBOCKER ROAD INDIANTOWN FL 34956 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNN, PAT 14726 HIDDEN GLEN WOODS SAN ANTONIO TX 78249 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST-ZIP	D PATON, GERALD 14459 SANDWEDGE DRIVE INDIANTOWN FL 34956 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	D SIMPSON, ED 84 BANDY DRIVE HOLIDAY ISLAND AR 72631 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda M. Carr* **LINDA M. CARR** 2/14/00 (305) 888-4254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)