

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 19, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000003561**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 OJR.  
1300 NORTHWEST 167TH STREET  
MIAMI FL 33169 US

Name

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

City

**FL**

Zip Code

8. 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 **03/19/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SIMPSON ED 84 BANDY DRIVE HOLIDAY ISLAND AR 72631	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PATON GERALD 14459 SANDWEDGE DRIVE INDIANTOWN FL 34956	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNN DAVID 14726 HIDDEN GLEN WOODS SAN ANTONIO TX 78249	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DUKART GARY 1714 BENJAMIN DRIVE AMBLER PA 19002	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUKART BONNIE 1714 BENJAMIN DRIVE AMBLER PA 19002	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARR LINDA 1048 IBIS AVENUE MIAMI SPRINGS FL 33166	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNDAGE BRUCE MD 1501 NE MEDICAL CENTER DR BEND OR 97701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T PATON GERALD 14459 SANDWEDGE DRIVE INDIANTOWN FL 34956	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STIBBS JACK 10077 GROGAN'S MILL RD SUITE 475 THE WOODLANDS TX 77380	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S WOJCIECHOWSKI BETTY L 24232 CHRISANTA DR MISSION VIEJO CA 92691	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP BLEIFER CANDI 4381 LEMP AVE STUDIO CITY CA 91604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P CARR LINDA M 1048 IBIS AVENUE MIAMI SPRINGS FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

P

03/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

CR2E037 (11/00)