

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90041 030 ****61.25

DOCUMENT # N98000003561

1. Entity Name

PULMONARY HYPERTENSION ASSOCIATION, INC.

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 1313 PONCE DE LEON BLVD. #200 CORAL GABLES FL 33134 | 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 |



DO NOT WRITE IN THIS SPACE

| | | |
|---|--|--------------------------------|
| 4. FEI Number | | Applied For |
| 59-3097505 | | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$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 | |

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

| | | |
|--------------------------|--|---|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D/P | TITLE | |
| NAME | CARR, LINDA M | NAME | |
| STREET ADDRESS | 1048 IBIS AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI SPRINGS FL 33166 | CITY-ST-ZIP | |
| TITLE | D/VP | TITLE | |
| NAME | BLEIFER, CANDI | NAME | |
| STREET ADDRESS | 4381 LEMP AVE | STREET ADDRESS | |
| CITY-ST-ZIP | STUDIO CITY CA 91604 | CITY-ST-ZIP | |
| TITLE | D/S | TITLE | |
| NAME | WOJCIECHOWSKI, BETTY L | NAME | |
| STREET ADDRESS | 24232 CHRISANTA DR | STREET ADDRESS | |
| CITY-ST-ZIP | MISSION VIEJO CA 92691 | CITY-ST-ZIP | |
| TITLE | D | TITLE | |
| NAME | STIBBS, JACK | NAME | |
| STREET ADDRESS | 10077 GROGAN'S MILL RD SUITE 475 | STREET ADDRESS | |
| CITY-ST-ZIP | THE WOODLANDS TX 77380 | CITY-ST-ZIP | |
| TITLE | D/T | TITLE | |
| NAME | PATON, GERALD | NAME | |
| STREET ADDRESS | 14459 SANDWEDGE DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | INDIANTOWN FL 34956 | CITY-ST-ZIP | |
| TITLE | D | TITLE | |
| NAME | BRUNDAGE, BRUCE MD | NAME | |
| STREET ADDRESS | 1501 NE MEDICAL CENTER DR | STREET ADDRESS | |
| CITY-ST-ZIP | BEND OR 97701 | CITY-ST-ZIP | |

12. 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 CARR 1/17/01 (301) 565-3004

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

CR2E037 (9/01)