

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90005 044 ****70.00

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1. Entity Name
THE PULMONARY HYPERTENSION ASSOCIATION, INC.



Principal Place of Business
**850 SLIGO AVE.
SUITE 800
SILVER SPRING, MD 20910 US**

Mailing Address
**850 SLIGO AVE.
SUITE 800
SILVER SPRING, MD 20910 US**

54066457



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07232004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0880021

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
CARR, LINDA M
1048 IBIS AVENUE
MIAMI SPRINGS, FL 33166** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director/Secretary ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BLEIFER, CANDI
4381 LEMP AVE
STUDIO CITY, CA 91604** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director/Vice Chair ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/S
WOJCIECHOWSKI, BETTY L
24232 CHRISANTA DR
MISSION VIEJO, CA 92691** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STIBBS, JACK
10077 GROGAN'S MILL RD SUITE 475
THE WOODLANDS, TX 77380** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director/Chair ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/T
PATON, GERALD
14459 SANDWEDGE DRIVE
INDIANTOWN, FL 34956** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director/Asst Treasurer ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BRUNDAGE, BRUCE MD
1501 NE MEDICAL CENTER DR
BEND, OR 97701** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director/Treasurer
Twite, Roger X
20 Willow Lane
Greene City, PA 16127** ☐ Change ☒ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/30/04

301-565-3004