## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000003561

FILED Apr 22, 2005 Secretary of State

Entity Name: THE PULMONARY HYPERTENSION ASSOCIATION, INC.

	Principal Place o	of Business:	New Principal Place of Business:
850 SLIGO SUITE 800 SILVER S		10 US	850 SLIGO AVE. SUITE 800 SILVER SPRING, MD 209104683 US
Current Mailing Address:			New Mailing Address:
850 SLIGO SUITE 800 SILVER S		10 US	850 SLIGO AVE. SUITE 800 SILVER SPRING, MD 209104683 US
FEI Number	: 65-0880021	FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired (X)
Name and	d Address of Cu	rrent Registered Agent:	Name and Address of New Registered Agent:
	, CHARLES O JF RTHWEST 167TH . 33169 US		
	e named entity su e of Florida.	bmits this statement for the	e purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:		
	Electronic	Signature of Registered A	gent Date
OFFICER	S AND DIRECT	ORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	DS () C CARR, LINDA M 1048 IBIS AVENU MIAMI SPRINGS,		Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DVC () D BLEIFER, CANDI 4381 LEMP AVE STUDIO CITY, CA		Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () E WOJCIECHOWS 24232 CHRISANT MISSION VIEJO,	TA DR	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	STIBBS, JACK	Delete S MILL RD SUITE 475 DS, TX 77380	Title: DC (X) Change () Addition Name: STIBBS, JACK Address: 11079 SO. HIDDEN OAKS City-St-Zip: CONROE, TX 77384
Title: Name: Address:	DST () E PATON, GERALD 14459 SANDWEI INDIANTOWN, FL	DGE DRIVE	Title: DAST (X) Change ( ) Addition Name: PATON, GERALD Address: 14459 SANDWEDGE DRIVE City-St-Zip: INDIANTOWN, FL 34956
City-St-Zip:			

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RINO ALDRIGHETTI PRES 04/22/2005