

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003561

FILED
Feb 03, 2011
Secretary of State

Entity Name: THE PULMONARY HYPERTENSION ASSOCIATION, INC.

Current Principal Place of Business:

801 ROEDER ROAD
SUITE 1000
SILVER SPRING, MD 209104496 US

New Principal Place of Business:

Current Mailing Address:

801 ROEDER ROAD
SUITE 1000
SILVER SPRING, MD 209104496 US

New Mailing Address:

FEI Number: 65-0880021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARR, AUSTIN ESQ.
1313 PONCE DE LEON BLVD
SUITE 200
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VCT
Name: D'ANNA, LAURA
Address: 241 MIRA MAR AVE
City-St-Zip: LONG BEACH, CA 90803

Title: VCT
Name: MCLAUGHLIN, VALLERIE MD
Address: UNIVERSITY OF MICHIGAN, CVC
City-St-Zip: ANN ARBOR, MI 48109

Title: ST
Name: CARR, LINDA
Address: 1048 IBIS AVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: TT
Name: TOWLE, ROGER
Address: 20 WILLOW LANE
City-St-Zip: GROVE CITY, PA 16127

Title: T
Name: STIBBS, JACK
Address: 11079 SO. HIDDEN OAKS
City-St-Zip: CONROE, TX 77384

Title: T
Name: LAHNSTON, TONY
Address: 8333 BOWDEN WAY
City-St-Zip: WINDERMERE, FL 34786

I hereby 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 all other like empowered.

SIGNATURE: RINO ALDRIGHETTI

PRES

02/03/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date