2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003561

FILED Jan 05, 2012 Secretary of State

Entity Name: THE PULMONARY HYPERTENSION ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

801 ROEDER ROAD SUITE 1000

SILVER SPRING, MD 209104496 US

Current Mailing Address: New Mailing Address:

801 ROEDER ROAD SUITE 1000

SILVER SPRING, MD 209104496 US

FEI Number: 65-0880021 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

Electronic dignature of registered / (

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:

Name: STIBBS, JACK

Address: 11079 SO. HIDDEN OAKS City-St-Zip: CONROE, TX 77384

Title:

 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 01/05/2012