

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90144 048 ****70.00

DOCUMENT # N98000003561

1. Entity Name

PULMONARY HYPERTENSION ASSOCIATION, INC.



Principal Place of Business

**1313 PONCE DE LEON BLVD. #200
CORAL GABLES FL 33134**

Mailing Address

**1313 PONCE DE LEON BLVD. #200
CORAL GABLES FL 33134**

2. Principal Place of Business

850 SLIGO AV

3. Mailing Address

850 SLIGO AV

Suite, Apt. #, etc.

800

Suite, Apt. #, etc.

800

City & State

SILVER SPRING MD

City & State

SILVER SPRING MD

Zip

20910

Country

Zip

20910

Country

4. FEI Number **59-0097505**

65-0880021

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MORGAN, CHARLES O JR.
1300 NORTHWEST 167TH STREET
MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name **KAR**

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

FILE NOW: FEE IS \$61.25

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

TITLE **D/P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
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 M. CARR 1/15/03 3058894254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debit Phone #

CR2E037 (10/02)