

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003561

Entity Name: THE PULMONARY HYPERTENSION ASSOCIATION, INC.**Current Principal Place of Business:**801 ROEDER ROAD
SUITE 1000
SILVER SPRING, MD 20910-4496**Current Mailing Address:**801 ROEDER ROAD
SUITE 1000
SILVER SPRING, MD 20910-4496 US**FEI Number:** 65-0880021**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARR, AUSTIN ESQ.
KOCH PARAFINCZUK & WOLF
110 E. BROWARD BLVD. SUITE 1630
FT. LAUDERDALE, FL 33301 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:** AUSTIN CARR

03/19/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CHAIR
Name	FAGAN, KAREN
Address	801 ROEDER ROAD SUITE 1000
City-State-Zip:	SILVER SPRING MD 20910-4496

Title	TREASURER
Name	HOFF, WILLIAM
Address	801 ROEDER ROAD SUITE 1000
City-State-Zip:	SILVER SPRING MD 20910-4496

Title	SECRETARY
Name	RAMIREZ, DIANE
Address	801 ROEDER ROAD SUITE 1000
City-State-Zip:	SILVER SPRING MD 20910-4496

Title	PRESIDENT & CEO
Name	WONG, BRAD A
Address	801 ROEDER ROAD SUITE 1000
City-State-Zip:	SILVER SPRING MD 20910-4496

Title	VICE PRESIDENT, COMMUNICATIONS AND MARKETING
Name	SMAALDERS, KAREN
Address	801 ROEDER ROAD SUITE 1000
City-State-Zip:	SILVER SPRING MD 20910-4496

Title	VICE PRESIDENT, HUMAN RESOURCES
Name	LEFKOWITZ, LAUREN
Address	801 ROEDER ROAD SUITE 1000
City-State-Zip:	SILVER SPRING MD 20910-4496

Title	VP, DEVELOPMENT
Name	CANDELARIA, AZALEA
Address	801 ROEDER ROAD SUITE 1000
City-State-Zip:	SILVER SPRING MD 20910-4496

Title	VP, QUALITY CARE AND RESEARCH
Name	JOSELOFF, ELIZABETH MS.
Address	801 ROEDER ROAD SUITE 1000
City-State-Zip:	SILVER SPRING MD 20910-4496

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: LAUREN LEFKOWITZ

VICE PRESIDENT

03/19/2020

Electronic Signature of Signing Officer/Director Detail

Date