

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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.
ONE AVENTURA, SUITE 600
20900 NE 30TH AVENUE
AVENTURA, FL 33180 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

Officer/Director Detail :

Title CHAIR
Name MCLAUGHLIN, VALLERIE MD
Address 2066 WHISPERING WOODS CT
City-State-Zip: ANN ARBOR MI 48103

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

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

Title CHAIR-ELECT
Name WHITE, STEPHEN PHD
Address 2352 HANCOCK RD
City-State-Zip: WILLIAMSTOWN MA 01267

Title SECRETARY
Name MADDOX, SALLY
Address 1114 FRIDAY RD
City-State-Zip: ROME GA 30165

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

Title TRUSTEE
Name VAN WORMER, STEPHEN C.
Address 1227 N AVON ST
City-State-Zip: BURBANK CA 91505

Title TRUSTEE
Name BRUNETTI, COLLEEN
Address 42 MAPLE HOLLOW RD
City-State-Zip: NEW HARTFORD CT 06057

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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

REGISTERED AGENT

03/04/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	TRUSTEE
Name	WILSON, MELISA A
Address	8232 BAYWOOD VISTA DR
City-State-Zip:	ORLANDO FL 32810