

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003561

Entity Name: THE PULMONARY HYPERTENSION ASSOCIATION, INC.**Current Principal Place of Business:**8401 COLESVILLE RD
STE 200
SILVER SPRING, MD 20910**Current Mailing Address:**8401 COLESVILLE RD
STE 200
SILVER SPRING, MD 20910 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

01/24/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIR
Name BRUNETTI, COLLEEN
Address 8401 COLESVILLE RD
STE 200
City-State-Zip: SILVER SPRING MD 20910

Title TREASURER
Name LAHNSTON, ANTON
Address 8401 COLESVILLE RD
STE 200
City-State-Zip: SILVER SPRING MD 20910

Title SECRETARY
Name RAMIREZ, DIANE
Address 8401 COLESVILLE RD
STE 200
City-State-Zip: SILVER SPRING MD 20910

Title PRESIDENT & CEO
Name GRANATO, MATIAS
Address 8401 COLESVILLE RD
STE 200
City-State-Zip: SILVER SPRING MD 20910

Title VICE PRESIDENT, COMMUNICATIONS
AND MARKETING
Name SMAALDERS, KAREN
Address 8401 COLESVILLE RD
STE 200
City-State-Zip: SILVER SPRING MD 20910

Title VP, QUALITY CARE AND RESEARCH
Name JOSELOFF, ELIZABETH
Address 8401 COLESVILLE RD
STE 200
City-State-Zip: SILVER SPRING MD 20910

Title VP OF FINANCE
Name ESPOSITO, TERESITA
Address 8401 COLESVILLE RD
STE 200
City-State-Zip: SILVER SPRING MD 20910

Title VP, ADVOCACY AND PATIENT
RELATIONS
Name KRONER, KATHERINE MRS.
Address 8401 COLESVILLE RD
STE 200
City-State-Zip: SILVER SPRING MD 20910

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: TERESITA ESPOSITO

VP, FINANCE

01/24/2022

Electronic Signature of Signing Officer/Director Detail

Date