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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Northum
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000005865 (0)**
1. Corporation Name
INTERNATIONAL SOCIETY OF DERMATOPATHOLOGY, INC.

Principal Place of Business: **1398 SEMORAN BLVD. STE. 102 CASSELBERRY FL 32707**
Mailing Address: **1398 SEMORAN BLVD. STE. 102 CASSELBERRY FL 32707**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) County (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) County (30)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/28/1994**
3a. Date of Last Report

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 118.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ELLZEY, KARL
1398 SEMORAN BLVD. STE. 102
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SU, W P D	1 2 NAME	
STREET ADDRESS	DEPARTMENT OF DERMATOLOGY MAYO CLINC E-5	1 3 STREET ADDRESS	
CITY - ST - ZIP	ROCHESTER MN 55905	1 4 CITY - ST - ZIP	
TITLE	D	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, JORGE L	2 2 NAME	
STREET ADDRESS	DPT. DERMATOLOGY UNIVERSITY OF PUERTO RICO	2 3 STREET ADDRESS	
CITY - ST - ZIP	SAN JUAN PR 00936-5067	2 4 CITY - ST - ZIP	
TITLE	D	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOYER, H P	3 2 NAME	
STREET ADDRESS	DPT. DERMATOLOGY UNIVERSITY OF GRAZ	3 3 STREET ADDRESS	
CITY - ST - ZIP	GRAZ AUSTRIA	3 4 CITY - ST - ZIP	
TITLE	D	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFF, HELMUTT H	4 2 NAME	
STREET ADDRESS	DPT. DERMATOLOGY UNIVERSITY OF LUBECK	4 3 STREET ADDRESS	
CITY - ST - ZIP	LUBECK I D-2400 GERMANY	4 4 CITY - ST - ZIP	
TITLE	D	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERIO, RINO	5 2 NAME	
STREET ADDRESS	THE ROYAL LONDON HOSPITAL	5 3 STREET ADDRESS	
CITY - ST - ZIP	UNITED KINGDOM	5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6 2 NAME	Executive Director M
STREET ADDRESS		6 3 STREET ADDRESS	Ellzey, Karl M.
CITY - ST - ZIP		6 4 CITY - ST - ZIP	1398 Semoran Blvd., #102 Casselberry, FL 32707

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 110.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **4/25/95** **407-678-4609**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR