

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90017 030 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N94000005865

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

2a. Mailing Address

3. Date Incorporated or Qualified

11/28/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number 59-3319363

Applied For Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

29 Zip 30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLZEY, KARL M. SOCIETY OF DERMATOPATHOLOGY, INC. 1398 SEMORAN BLVD. STE. 102 CASSELBERRY FL 32707

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [ ] DELETE NAME SU, W P D STREET ADDRESS DEPARTMENT OF DERMATOLOGY MAYO CLINC E-5 CITY-ST-ZIP ROCHESTER MN 55905

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP [ ] Change [ ] Addition

TITLE P [ ] DELETE NAME SANCHEZ, JORGE L STREET ADDRESS DPT. DERMATOLOGY UNIVERSITY OF PUERTO RICO CITY-ST-ZIP SAN JUAN PR 00936-5067

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP [ ] Change [ ] Addition

TITLE D [ ] DELETE NAME CERRONI, LORENZO STREET ADDRESS UNIVERSITY OF GRAZ, AUENBRUGGER PLATZ 8 CITY-ST-ZIP A-8036 GRAZ AU

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP [ ] Change [ ] Addition

TITLE D [ ] DELETE NAME WOLFF, HELMUTT H STREET ADDRESS DPT. DERMATOLOGY UNIVERSITY OF LUBECK CITY-ST-ZIP LUBECK I D-2400 GERMANY

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [ ] Change [ ] Addition

TITLE D [ ] DELETE NAME CERIO, RINO STREET ADDRESS THE ROYAL LONDON HOSPITAL CITY-ST-ZIP UNITED KINGDOM

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [ ] Change [ ] Addition

TITLE DM [ ] DELETE NAME ELLZEY, KARL M STREET ADDRESS 1398 SEMORAN BLVD 102 CITY-ST-ZIP CASSELBERRY FL

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [ ] Change [ ] Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99

467-078

Date

Daytime Phone #

CR2E037 (1/98)