

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 13, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000005865**

1. Entity 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
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2. Principal Place of Business 1211 SEMORAN BLVD. STE. 171	3. Mailing Address 1211 SEMORAN BLVD. STE. 171
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State CASSELBERRY FL	City & State CASSELBERRY FL
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Zip 32707	Country US	Zip 32707	Country US
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4. FEI Number <b>59-3319363</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

ELLZEY KARL  
 1398 SEMORAN BLVD. STE. 102  
 CASSELBERRY FL 32707  
 US

**7. Name and Address of New Registered Agent**

Name  
 ELLZEY KARL  
 Street Address (P.O. Box Number is Not Acceptable)  
 1211 SEMORAN BLVD., SUITE 171  
 City  
 CASSELBERRY FL Zip Code  
 32707

8. 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 \_\_\_\_\_ DATE **09/13/2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW:  
 FEE IS \$61.25**

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

**Make Check Payable to  
 Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM ELLZEY KARL M 1398 SEMORAN BLVD 102 CASSELBERRY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERIO RINO THE ROYAL LONDON HOSPITAL UNITED KINGDOM	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFF HELMUTT H DPT. DERMATOLOGY UNIVERSITY OF LUBECK LUBECK ID-2400 GERMANY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERRONI LORENZO UNIVERSITY OF GRAZ, AUENBRUGGER PLATZ 8 A-8036 GRAZ AU	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ JORGE L DPT. DERMATOLOGY UNIVERSITY OF PUERTO RICO SAN JUAN PR 009365067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SU W PD DEPARTMENT OF DERMATOLOGY MAYO CLINIC E-5 ROCHESTER MN 55905	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEHREGAN DAVID MD P.O. BOX 360 MONROE MI 48161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ELLZEY KARL M 1211 SEMORAN BLVD. #171 CASSELBERRY FL 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERIO RINO THE ROYAL LONDON HOSPITAL WHITECHAPEL UK E11BB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERRONI LORENZO UNIVERSITY OF GRAZ, AUENBRUGGER PLATZ 8 GRAZ AU A-8036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE CLIFTON RMD 4035 S.W. WESTDALE DRIVE PORTLAND OR 97221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ JORGE LMD DPT. DERMATOLOGY UNIVERSITY OF PUERTO RICO SAN JUAN PR 00936	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.