

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90067 022 \*\*\*\*70.00

**DOCUMENT # N94000005865**

1. Entity Name

**INTERNATIONAL SOCIETY OF DERMATOPATHOLOGY, INC.**

Principal Place of Business

1211 SEMORAN BLVD. STE. 171  
 CASSELBERRY FL 32707  
 US

Mailing Address

1211 SEMORAN BLVD. STE. 171  
 CASSELBERRY FL 32707  
 US

77093



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3319363**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLZEY, KARL**  
 1211 SEMORAN BLVD., SUITE 171  
 CASSELBERRY FL 32707

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P**  Delete  
 NAME **SANCHEZ, JORGE L MD**  
 STREET ADDRESS **DPT. DERMATOLOGY UNIVERSITY OF PUERTO RICO**  
 CITY-ST-ZIP **SAN JUAN PR 00936**

TITLE **PD**  Change  Addition  
 NAME **LORENZO CERRONI**  
 STREET ADDRESS **UNIVERSITY OF GRAZ, AUBENBRUGGERPLATZ 8**  
 CITY-ST-ZIP **A-8036, GRAZ, AUSTRIA**

TITLE **D**  Delete  
 NAME **WHITE, CLIFTON R MD**  
 STREET ADDRESS **4035 S.W. WESTDALE DRIVE**  
 CITY-ST-ZIP **PORTLAND OR 97221**

TITLE **V D**  Change  Addition  
 NAME **PETER HEENAN**  
 STREET ADDRESS **CUTANEOUS PATHOLOGY**  
 CITY-ST-ZIP **26, LEORA STREET A-6009, WESTERN AUSTRALIA**

TITLE **D**  Delete  
 NAME **CERRONI, LORENZO**  
 STREET ADDRESS **UNIVERSITY OF GRAZ, AUBENBRUGGER PLATZ 8**  
 CITY-ST-ZIP **GRAZ AU A-803-6**

TITLE **T D**  Change  Addition  
 NAME **OMAR SANGUEZA**  
 STREET ADDRESS **DEPT OF PATHOLOGY, ~~UNIVERSITY AVE~~**  
 CITY-ST-ZIP **WAKE FOREST SCHOOL OF MEDICINE WINSTON SALEM, NC 27157**

TITLE **D**  Delete  
 NAME **CERIO, RINO**  
 STREET ADDRESS **THE ROYAL LONDON HOSPITAL**  
 CITY-ST-ZIP **WHITECHAPEL UK E11BB**

TITLE **S D**  Change  Addition  
 NAME **NOREEN WALSH**  
 STREET ADDRESS **DEPT OF PATHOLOGY, 5785 UNIVERSITY AVE**  
 CITY-ST-ZIP **HALFAX, NOVA SCOTIA, CANADA B3H 1V8**

TITLE **M**  Delete  
 NAME **ELLZEY, KARL M**  
 STREET ADDRESS **1211 SEMORAN BLVD. #171**  
 CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **MEHREGAN, DAVID MD**  
 STREET ADDRESS **P.O. BOX 360**  
 CITY-ST-ZIP **MONROE MI 48161**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.


SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**

7/30/01 407-678-4609

CR2E037 (5/01)

Attachment  
#N94000005865  
77093

<b>THE INTERNATIONAL SOCIETY OF DERMATOPATHOLOGY</b> PH. 407-678-5563 1398 SEMORAN BLVD., SUITE 102 CASSELBERRY, FL 32707		1061
DATE 01/16/01		506329
682039004 0130 01 7291 682039004		63-1289/631
PAY TO THE ORDER OF <u>Department of State</u>		\$ 70.00
<u>Seventy and 00/100</u>		DOLLARS
The Huntington National Bank Orlando, Florida 32802		
FOR <u>N94000005865</u>		<u>W.M.S.</u>
⑆00106⑆ ⑆06312692⑆ 0160350903⑆		⑆0000007000⑆

Attachment  
# 194000005865

ARB FILED 060112597  
082039004 01-28-01

660388888  
BANK OF AMERICA NA JAX  
#063090474 E1579 90-0229  
01/29/01

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DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT# 1009068796  
JAN 26 2001