

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90722 050 ****61.25

DOCUMENT # N94000005865

1. Entity Name

INTERNATIONAL SOCIETY OF DERMATOPATHOLOGY, INC.

Principal Place of Business

Mailing Address

1211 SEMORAN BLVD. STE. 171
 CASSELBERRY FL 32707
 US

1211 SEMORAN BLVD. STE. 171
 CASSELBERRY FL 32707
 US

2. Principal Place of Business

930 E. Woodfield Road
 Suite, Apt. #, etc.

3. Mailing Address

930 E. Woodfield Road
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Schaumburg, IL

City & State

Schaumburg, IL

4. FEI Number

59-3319363

Applied For

Not Applicable

Zip

Country

60173 USA

Zip

Country

60173 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Ashraf M. Hassanein, MD, PhD
 Street Address (P.O. Box Number is Not Acceptable): Dept. of Pathology Univ. of Florida College of Medicine
 1600 S.W. Archer rd, Room # 2169
 City: Gainesville FL Zip Code: 32610-0275

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

Ashraf M. Hassanein MD PhD

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

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	P	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, JORGE L MD	
STREET ADDRESS	DPT. DERMATOLOGY UNIVERSITY OF PUERTO RICO	
CITY-ST-ZIP	SAN JUAN PR 00936	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITE, CLIFTON R MD	
STREET ADDRESS	4035 S.W. WESTDALE DRIVE	
CITY-ST-ZIP	PORTLAND OR 97221	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CERRONI, LORENZO	
STREET ADDRESS	UNIVERSITY OF GRAZ, AUENBRUGGER PLATZ 8	
CITY-ST-ZIP	GRAZ AU A-803-6	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CERIO, RINO	
STREET ADDRESS	THE ROYAL LONDON HOSPITAL	
CITY-ST-ZIP	WHITECHAPEL UK E11BB	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	ELLZEY, KARL M	
STREET ADDRESS	1211 SEMORAN BLVD. #171	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEHREGAN, DAVID MD	
STREET ADDRESS	P.O. BOX 360	
CITY-ST-ZIP	MONROE MI 48161	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lorenzo Cerroni	
STREET ADDRESS	Univ. of Graz, Auenbrugger Platz 8	
CITY-ST-ZIP	Graz, AU A-8036	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Omar P. Sanguenza	
STREET ADDRESS	Wake Forest Univ., Medical Center Blvd.	
CITY-ST-ZIP	Winston-Salem, NC, 27157-1072	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter J. Heenan	
STREET ADDRESS	26, Leura Street	
CITY-ST-ZIP	Nedlands, 6009 Australia	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jorge L. Sanchez	
STREET ADDRESS	Univ. of Puerto Rico, PO Box 365067	
CITY-ST-ZIP	San Juan, 00936-5067, P.R.	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosalie Elenitsas	
STREET ADDRESS	2 Maloney Build., 3600 Spruce Street	
CITY-ST-ZIP	Philadelphia, PA 19104	
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leah McCrackin	
STREET ADDRESS	930 E. Woodfield Road	
CITY-ST-ZIP	Schaumburg, IL 60173	

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.

SIGNATURE:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/02

Date

847-240-1427

Daytime Phone #

CR2E037 (9/01)