

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005865

FILED
Jan 07, 2006
Secretary of State

Entity Name: INTERNATIONAL SOCIETY OF DERMATOPATHOLOGY, INC.

Current Principal Place of Business:

1515 JANITA DRIVE
WINSTON SALEM, NC 271275713 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5717
WINSTON SALEM, NC 271135717 US

New Mailing Address:

FEI Number: 59-3319363 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HASSANEIN, ASHRAF M MD
DEPT OF PATHOLOGY, UF COLLEGE OF MED.
4800 SW 35TH DRIVE
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CERRONI, LORENZO MD
Address: UNIVERSITY OF GRAZ, AUENBRUGGERPLATZ 8
City-St-Zip: GRAZ, AU A8036 AU

Title: P () Delete
Name: SANGUEZA, OMAR P MD
Address: WAKE FOREST UNIV MED CENTER BLVD
City-St-Zip: WINSTON-SALEM, NC 271571072 US

Title: VP () Delete
Name: BORRONI, GIOVANNI MD
Address: UNIVERSISITY OF PAVIA DEPT. OF DERMATOLOGY
City-St-Zip: PAVIA, IT 27100 IT

Title: ST () Delete
Name: LE BOIT, PHILIP E MD
Address: UNIV OF CA, SF, 1701 DIVISADERO ST., RM 350
City-St-Zip: SAN FRANCISCO, CA 94115 US

Title: D () Delete
Name: SANCHEZ, JORGE L MD
Address: UNIVERSITY OF PUERTO RICO
City-St-Zip: SAN JUAN, PR 009365067 PR

Title: M () Delete
Name: KLAPAK, CATHERINE A
Address: 1515 JANITA DRIVE
City-St-Zip: WINSTON SALEM, NC 271275713 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OMAR P. SANGUEZA, MD

P

01/07/2006

Electronic Signature of Signing Officer or Director

_____ Date