

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005865

FILED  
Jan 04, 2007  
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: UNIVERISITY 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  
Name:  
Address:  
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

01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date