

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005865

FILED
Apr 15, 2009
Secretary of State

Entity Name: INTERNATIONAL SOCIETY OF DERMATOPATHOLOGY, INC.

Current Principal Place of Business:

428 PILARCITOS AVENUE
HALF MOON BAY, CA 94019 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3005
HALF MOON BAY, CA 940193005 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: P () Delete
Name: LEBOIT, PHILIP MD
Address: UNIV OF CA, SF, 1701 DIVISADERO ST., RM 350
City-St-Zip: SAN FRANCISCO, CA 94115 US

Title: ST () Delete
Name: KUTZNER, HEINZ H MD
Address: MOEWENSTRASSE 8
City-St-Zip: FRIEDRICHSHAFEN, GE 88045 GE

Title: VP () Delete
Name: KAO, GRACE MD
Address: 10 N GREENE STREET
City-St-Zip: BALTIMORE, MD 27201 US

Title: D () Delete
Name: SANGUEZA, OMAR P MD
Address: WFUBMC, MEDICAL CENTER BOULEVARD
City-St-Zip: WINSTON SALEM, NC 27157 US

Title: D () Delete
Name: SANCHEZ, JORGE L MD
Address: UNIVERSITY OF PUERTO RICO
City-St-Zip: SAN JUAN, PR 00918 PR

Title: M () Delete
Name: BAUGHMAN, DIANA D MGR
Address: 428 PILARCITOS
City-St-Zip: HALF MOON BAY, CA 94019 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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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 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: DIANA D. BAUGHMAN

MGR

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date