

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005865

FILED
Jan 08, 2010
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:

HASSANEIN, ASHRAF M MD
FL DERMATOLOGIC SURGERY & AESTHETICS INST
11950 COUNTY RD 101, SUITE 203
THE VILLAGES, FL 32162 US

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

01/08/2010

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LEBOIT, PHILIP E MD
Address: UNIV OF CA, SF, 1701 DIVISADERO ST., RM 499
City-St-Zip: SAN FRANCISCO, CA 94115 US

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

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

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

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

Title: M
Name: BAUGHMAN, DIANA D MGR
Address: 428 PILARCITOS AVENUE
City-St-Zip: HALF MOON BAY, CA 94019 US

I hereby 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 all other like empowered.

SIGNATURE: DIANA D. BAUGHMAN

Electronic Signature of Signing Officer or Director

MGR

01/08/2010

Date