

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005865

FILED  
Jan 05, 2012  
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  
FL DERMATOLOGIC SURGERY & AESTHETICS INST  
11950 COUNTY RD 101, SUITE 203  
THE VILLAGES, FL 32162 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  
Name: KUTZNER, HEINZ H MD  
Address: MOEWENSTRASSE 8  
City-St-Zip: FRIEDRICHSHAFEN, GE 88045 GE

Title: ST  
Name: CARLSON, JOHN A MD  
Address: ALBANY MED COLLEGE, 47 NEW SCOTLAND AVENUE  
City-St-Zip: ALBANY, NY 12208 US

Title: VP  
Name: KEMPF, WERNER MD  
Address: POSTFACH, SCHAFFHAUSERPLATZ 3  
City-St-Zip: ZURICH, CH 8042 SW

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

MGR

01/05/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date