

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90080 024 \*\*\*\*70.00

UBR/03U

**DOCUMENT # N94000005865**

1. Entity Name  
**INTERNATIONAL SOCIETY OF DERMATOPATHOLOGY, INC.**



Principal Place of Business      Mailing Address

**930 E WOODFIELD ROAD  
SCHAUMBURG IL 60173  
US**      **930 E WOODFIELD ROAD  
SCHAUMBURG IL 60173  
US**

2. Principal Place of Business      3. Mailing Address

**1515 JANITA DRIVE**      **P.O. BOX 5717**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**WINSTON-SALEM, NC**      **WINSTON-SALEM, NC**

Zip      Country      Zip      Country

**27127-5713**      **USA**      **27113-5717**      **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3319363**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HASSANEIN, ASHRAF M MD  
DEPT OF PATHOLOGY, UF COLLEGE OF MED.  
1600 SW ARCHER RD ROOM # 2169  
GAINESVILLE FL 32610-0275**

7. Name and Address of New Registered Agent

Name  
**← SAME**

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SANCHEZ, JORGE L MD</b>
STREET ADDRESS	<b>UNIV OF PUERTO RICO, PO BOX 365067</b>
CITY-ST-ZIP	<b>SAN JUAN PR 00936-5067</b>
TITLE	<b>ST</b> <input type="checkbox"/> Delete
NAME	<b>SANGUEZA, OMAR P</b>
STREET ADDRESS	<b>WAKE FOREST UNIV MED CENTER BLVD</b>
CITY-ST-ZIP	<b>WINSTON-SALEM NC 27157-1072</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>CERRONI, LORENZO</b>
STREET ADDRESS	<b>UNIVERSITY OF GRAZ, AUENBRUGGER PLATZ 8</b>
CITY-ST-ZIP	<b>GRAZ AU A-803-6</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>HERNAN, PETER J HEENAN</b>
STREET ADDRESS	<b>26, LEURA STREET</b>
CITY-ST-ZIP	<b>NEDLANDS AUSTRALIA AU 6009</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ELENITSAS, ROSALIE</b>
STREET ADDRESS	<b>2 MALONEY BLDG, 3600 SPRUCE ST</b>
CITY-ST-ZIP	<b>PHILADELPHIA PA 19104</b>
TITLE	<b>M</b> <input checked="" type="checkbox"/> Delete
NAME	<b>MCCRACKIN, LEAH</b>
STREET ADDRESS	<b>930 E WOODFIELD RD</b>
CITY-ST-ZIP	<b>SCHAUMBURG IL 60173</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEENAN, PETER J.</b>
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	<b>M</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLAPAK, CATHERINE A.</b>
STREET ADDRESS	<b>ISIS JANITA DRIVE</b>
CITY-ST-ZIP	<b>WINSTON-SALEM, NC 27127-5713</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Catherine A. Klapak*      CATHERINE A. KLAPAK 4/7/03 336-716-9806

CR2E037 (10/02)