

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 16, 2015
Secretary of State
CC6918947166

Entity Name: INTERNATIONAL SOCIETY OF DERMATOPATHOLOGY, INC.

Current Principal Place of Business:

428 PILARCITOS AVENUE
HALF MOON BAY, CA 94019

Current Mailing Address:

PO BOX 3005
HALF MOON BAY, CA 94019-3005 US

FEI Number: 59-3319363

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HASSANEIN, ASHRAF MMD
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

Date

Officer/Director Detail :

Title P
Name CARLSON, JOHN A. DR.
Address ALBANY MED COLLEGE
47 NEW SCOTLAND AVENUE
City-State-Zip: ALBANY NY 12208

Title ST
Name METZE, DIETER DR.
Address UNIVERSITY OF MUENSTER
VON ESMARCHSTRASSE 58
City-State-Zip: MUENSTER 48149

Title VP
Name LAZOVA, ROSSITZA DR.
Address YALE DERMATOPATHOLOGY
15 YORK STREET
City-State-Zip: NEW HAVEN CT 06520

Title D
Name SANGUEZA, OMAR PMD
Address WFUBMC, MEDICAL CENTER
BOULEVARD
City-State-Zip: WINSTON SALEM NC 27157

Title D
Name SANCHEZ, JORGE LMD
Address UNIVERSITY OF PUERTO RICO
City-State-Zip: SAN JUAN PR 00918

Title M
Name BAUGHMAN, DIANA DMGR
Address 428 PILARCITOS AVENUE
City-State-Zip: HALF MOON BAY CA 94019

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

MANAGER

01/16/2015

Electronic Signature of Signing Officer/Director Detail

Date