

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005865

Entity Name: INTERNATIONAL SOCIETY OF DERMATOPATHOLOGY, INC.

FILED
Feb 02, 2022
Secretary of State
9297161245CC

Current Principal Place of Business:

908 LAUREL LANE
LAUREL LANE
FREDERICKSBURG, TX 78624

Current Mailing Address:

PO BOX 2444
FREDERICKSBURG, TX 78624 US

FEI Number: 59-3319363

Certificate of Status Desired: No

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 VICTOR, PRIETO K DR.
Address UT MD ANDERSON CANCER CTR
1515 HOLCOMBE BLVD UNIT 85
City-State-Zip: HOUSTON TX 77030

Title ST
Name LEE, JOYCE S DR.
Address 43 TAI KENG GARDENS
City-State-Zip: SINGAPORE 535324

Title VP
Name GALAN, ANJELA DR.
Address DEPARTMENT OF DERMATOLOGY
531 LMP, 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 PUIG, PAMELA K
Address 908 LAUREL LANE
LAUREL LANE
City-State-Zip: FREDERICKSBURG TX 78624

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: PAMELA PUIG

MANAGER

02/02/2022

Electronic Signature of Signing Officer/Director Detail

Date