

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005865

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

**FILED**  
**Jan 31, 2020**  
**Secretary of State**  
**3302578612CC**

**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: 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 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 K PUIG**

**MANAGER**

**01/31/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date