

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005865

Entity Name: INTERNATIONAL SOCIETY OF DERMATOPATHOLOGY, INC.

FILED
Jan 19, 2023
Secretary of State
3903275080CC

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	LEE, JOYCE S DR.
Address	43 TAI KENG GARDENS
City-State-Zip:	SINGAPORE OC
Title	VP
Name	GALAN, ANJELA DR.
Address	DEPARTMENT OF DERMATOLOGY 531 LMP, 15 YORK STREET
City-State-Zip:	NEW HAVEN CT 06520
Title	O
Name	PRIETO, VICTOR G DR.
Address	UT MD ANDERSON CANCER CTR 1515 HOLCOMBE BLVD UNIT 85
City-State-Zip:	HOUSTON TX 77030

Title	ST
Name	ANDEA, ALEODOR A DR.
Address	UNIVERSITY OF MICHIGAN, DEPT OF PATHOLOGY 2800 PLYMOUTH RD. NCRN B
City-State-Zip:	ANN ARBOR MI 48109
Title	OTHER
Name	LAZOVA, ROSSITZA Z DR.
Address	CALIFORNIA SKIN INSTITUTE SAN JOSE – LOS GATOS 2420 SAMARITAN DRIVE
City-State-Zip:	SAN JOSE CA 95124
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

01/19/2023

Electronic Signature of Signing Officer/Director Detail

Date