

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005865

**FILED**  
**Mar 07, 2018**  
**Secretary of State**  
**CC7541029193**

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

**Current Principal Place of Business:**

500 STONE PINE ROAD  
BOX 3005  
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: 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 METZE, DIETER DR.  
Address UNIV- MUENSTER, DERMATOLOGY  
DEPT  
VON ESMARCHSTRASSE 58  
City-State-Zip: MUENSTER 48149

Title ST  
Name PRIETO, VICTOR G DR.  
Address UT-MD ANDERSON CANCER CENTER  
1515 HOLCOMBE BLVD, BOX 85  
City-State-Zip: HOUSTON TX 77030

Title VP  
Name FERNANDEZ, MARIA-TERESA DR.  
Address ANATOMIA PATOLÒGICA, HOSPITAL  
UNIVERSITAR  
C/ PEDRO I PONS, 1  
City-State-Zip: SANT CUGAT DEL VALLÉS  
(BARCELONA) 08190

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 GLENWRIGHT, DIANNE S  
Address 500 STONE PINE ROAD  
BOX 3005  
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: DIANNE S GLENWRIGHT**

**MANAGER**

**03/07/2018**

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

\_\_\_\_\_  
Date