

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 07, 2019
Secretary of State
7196265088CC

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: 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 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

01/07/2019

Electronic Signature of Signing Officer/Director Detail

Date