

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005865

**FILED**  
**Jan 15, 2016**  
**Secretary of State**  
**CC4754928307**

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

**Current Principal Place of Business:**

428 PILARCITOS AVENUE  
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 CARLSON, JOHN A. DR.  
Address ALBANY MED COLLEGE  
47 NEW SCOTLAND AVENUE  
City-State-Zip: ALBANY NY 12208

Title ST  
Name METZE, DIETER DR.  
Address UNIVERSITY OF MUENSTER  
VON ESMARCHSTRASSE 58  
City-State-Zip: MUENSTER 48149

Title VP  
Name LAZOVA, ROSSITZA DR.  
Address YALE DERMATOPATHOLOGY  
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 BAUGHMAN, DIANA DMGR  
Address 428 PILARCITOS AVENUE  
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:** DIANA D BAUGHMAN

**MANAGER**

**01/15/2016**

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

\_\_\_\_\_  
Date