2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005
Secretary of State

DOCUMENT# N99000005118

Entity Name: INTERNATIONAL SOCIETY OF BREAST PATHOLOGY, INC.

Current Principal Place of Business:

655 WEST EIGHTH STREET
JACKSONVILLE, FL 322096511

New Principal Place of Business:

Current Mailing Address:

655 WEST EIGHTH STREET
JACKSONVILLE, FL 322096511

New Mailing Address:

FEI Number: 59-3594371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZVARA, WILLIAM L
4810 ARAPAHOE AVENUE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SILVERBER, STEVEN MD
Address: 22 SOUTH GREENE STREET
City-St-Zip: BALTIMORE, MD 212011595

Title: D ( ) Delete
Name: SILVERBERG, STEVEN
Address: 22 SOUTH GREENE STREET
City-St-Zip: BALTIMORE, MD 212011595

Title: T ( ) Delete
Name: WILEY, ELIZABETH MD
Address: 251 E HURON ST F7-325
City-St-Zip: CHICAGO, IL 60611

Title: S ( ) Delete
Name: TAN, LEE K MD
Address: 1275 YORK AVE
City-St-Zip: NEW YORK, NY 10021

Title: D ( ) Delete
Name: PALAZZO, JUAN MD
Address: 132 S 10TH ST 285M
City-St-Zip: PHILADELPHIA, PA 19107

Title: D ( ) Delete
Name: SAHIN, AYSEGUL A
Address: 1515 HOLCOMB BLVD
City-St-Zip: HOUSTON, TX 77030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PATCHEFSKY, ARTHUR MD
Address: 7701 DURHOLME AVE
City-St-Zip: PHILADELPHIA, PA 19111 US

Title: D (X) Change ( ) Addition
Name: SILVERBERG, STEVEN MD
Address: 22 SOUTH GREENE STREET
City-St-Zip: BALTIMORE, MD 212011595

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: ELLIS, IAN MD
Address: CITY HOSPITAL, HUCKNALL RD.
City-St-Zip: NOTTINGHAM, NG NG5 1PB EN

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH L. WILEY TREA 03/11/2005

Electronic Signature of Signing Officer or Director — Date