2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007
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:	PATCHEFSKY, ARTHUR MD	
Address:	7701 DURHOLME AVE	
City-St-Zip:	PHILADELPHIA, PA 19111 US	
Title:	D	( ) Delete
Name:	SILVERBERG, STEVEN MD	
Address:	22 SOUTH GREENE STREET	
City-St-Zip:	BALTIMORE, MD 212011595	
Title:	T	( ) Delete
Name:	WILEY, ELIZABETH L MD	
Address:	512 N. MCCLURG COURT #4004	
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:	VP	( ) Delete
Name:	ELLIS, IAN MD	
Address:	CITY HOSPITAL, HUCKNALL RD.	
City-St-Zip:	NOTTINGHAM, NG NG5 1PB EN	
Title:	D	( ) Delete
Name:	SAHIN, AYSEGUL A	
Address:	1515 HOLCOMB BLVD	
City-St-Zip:	HOUSTON, TX 77030	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	O'MALLEY, FRANCES MD	
Address:	MT. SINAI HOSPITAL, 600 UNIVERSITY AVE	
City-St-Zip:	TORONTO, ON M5G 1X5 CA	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 Chapter 119, 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: ELLIZABETH L. WILEY, MD T 02/07/2007

Electronic Signature of Signing Officer or Director — Date