

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005118

FILED
Feb 19, 2009
Secretary of State

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: ELLIS, IAN MD
Address: NOTTINGHAM CITY HOSPITAL, HUCKNALL ROAD
City-St-Zip: NOTTINGHAM, UK NG5 1PB UK

Title: S () Delete
Name: JACOBS, TIMOTHY MD
Address: 1100 NINTH AVE C6-PTH
City-St-Zip: SEATTLE, WA 98111 US

Title: T () Delete
Name: WILEY, ELIZABETH L MD
Address: 512 N. MCCLURG COURT #4004
City-St-Zip: CHICAGO, IL 60611 US

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

Title: VP () Delete
Name: THOR, ANN MD
Address: U OF COLORADO MS8104 PO BOX 6511
City-St-Zip: AURORA, CO 800450508 US

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: SAHIM, AYSEGUL A MD
Address: 1515 HOLCOMB BLVD
City-St-Zip: HOUSTON, TX 77030 US

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

Title: D (X) Change () Addition
Name: ELLIS, IAN MD
Address: NOTTINGHAM CITY HOSPITAL HUCKNALL RD
City-St-Zip: NOTTINGHAM, UK NG51PB UK

I hereby certify that the information supplied with this filing does not qualify 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: ELIZABETH L. WILEY, MD

T

02/19/2009

Electronic Signature of Signing Officer or Director

Date