

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005118

FILED  
Feb 02, 2011  
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:**

840 S. WOOD ST MC-847 DEPT PATHOLOGY  
C/O ELIZABETH WILEY, TREASURER ISBP  
CHICAGO, IL 60612-432 US

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

Title: S  
Name: JACOBS, TIMOTHY MD  
Address: 1100 NINTH AVE C6-PTH  
City-St-Zip: SEATTLE, WA 9811 US

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

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

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

Title: D  
Name: ELLIS, IAN MD  
Address: NOTTINGHAM CITY HOSPITAL HUCKNALL RD  
City-St-Zip: NOTTINGHAM, UK NG5IPB UK

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: ELIZABETH L. WILEY

TREA

02/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date