

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90095 017 *****70.00

DOCUMENT # N99000005118

1. Entity Name

INTERNATIONAL SOCIETY OF BREAST PATHOLOGY, INC.



Principal Place of Business

**655 WEST EIGHTH STREET
JACKSONVILLE FL 32209-6511**

Mailing Address

**655 WEST EIGHTH STREET
JACKSONVILLE FL 32209-6511**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **MASOOD, SHAHLA**
STREET ADDRESS **655 WEST EIGHTH STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32209-6511**

TITLE **P** ☒ Change ☐ Addition
NAME **Steven Silverber, MD**
STREET ADDRESS **22 South Greene St.**
CITY-ST-ZIP **Baltimore, MD 21201-1595**

TITLE **D** ☐ Delete
NAME **SILVERBERG, STEVEN**
STREET ADDRESS **22 SOUTH GREENE STREET**
CITY-ST-ZIP **BALTIMORE MD 21201-1595**

TITLE **VP** ☐ Change ☒ Addition
NAME **Arthur Patchefsky, MD**
STREET ADDRESS **7701 Durholme Ave.**
CITY-ST-ZIP **Philadelphia, PA 19111**

TITLE **D** ☒ Delete
NAME **LAYFIELD, LESTER**
STREET ADDRESS **50 NORTH MEDICAL DRIVE**
CITY-ST-ZIP **SALT LAKE CITY UT 84132**

TITLE **T** ☐ Change ☒ Addition
NAME **Elizabeth Wiley, MD**
STREET ADDRESS **251 E. Huron St. F7-325**
CITY-ST-ZIP **Chicago, IL 60611**

TITLE **D** ☒ Delete
NAME **CARTER, DARYL**
STREET ADDRESS **POST OFFICE BOX 208070 N/A**
CITY-ST-ZIP **NEW HAVEN CT 06520-8070**

TITLE **S** ☐ Change ☒ Addition
NAME **Lee K. Tan, MD**
STREET ADDRESS **1275 York Ave.**
CITY-ST-ZIP **New York, NY 10021**

TITLE **D** ☒ Delete
NAME **EUSEBI, VINCENZO**
STREET ADDRESS **OSPEDALE BELLARIA**
CITY-ST-ZIP **VIA ALTURA, 3 40139 BOLOGNA**

TITLE **D** ☐ Change ☒ Addition
NAME **Juan Palazzo, MD**
STREET ADDRESS **132 S. 10th St. 285M**
CITY-ST-ZIP **Philadelphia, PA 19107**

TITLE **D** ☒ Delete
NAME **HUTTER, ROBERT V.P.**
STREET ADDRESS **101 OLD SHORT HILLS ROAD, SUITE 503**
CITY-ST-ZIP **WEST ORANGE NJ 07052**

TITLE **D** ☐ Change ☒ Addition
NAME **Aysegul A. Sahin, MD**
STREET ADDRESS **1515 Holcomb Blvd.**
CITY-ST-ZIP **Houston, TX 77030**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **Shahla Masood, MD**

August 27, 2003 (904) 244-4387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CP2E037 (4/03)