

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005118

Entity Name: INTERNATIONAL SOCIETY OF BREAST PATHOLOGY, INC.**Current Principal Place of Business:**655 WEST EIGHTH STREET
JACKSONVILLE, FL 32209-6511**Current Mailing Address:**1275 YORK AVENUE, MEMORIAL SLOAN KETTERING CANCER CENTER,
DEPARTMENT OF PATHOLOGY
C/O HANNAH WEN, TREASURER ISBP
NEW YORK, NY 10065 US**FEI Number:** 59-3594371**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZVARA, WILLIAM L
4810 ARAPAHOE AVENUE
JACKSONVILLE, FL 32210 US*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

Officer/Director Detail :

Title PAST PRESIDENT
Name BROGI, EDI DR.
Address MEMORIAL SLOAN KETTERING
CANCER CENTER
1275 YORK AVE DIRECTOR OF
BREAST PATHOLOGY
City-State-Zip: NEW YROK NY 10065

Title PAST TREASURER
Name WILEY, ELIZABETH LMD
Address 512 N. MCCLURG COURT #4004
City-State-Zip: CHICAGO IL 60611

Title PAST SECRETARY
Name FARSHID, GALAREH DR.
Address 1 GOODWOOD ROAD
City-State-Zip: WAYVILLE 5065

Title PAST PRESIDENT
Name SCHMITT, FERNANDO MD, PHD
Address MEDICAL FACULTY, PORTO
UNIVERSITY
City-State-Zip: PORTO 4200-319

Title PAST PRESIDENT
Name TAN, PUAY-HOON MD
Address SINGAPORE GENERAL HOSPITAL
OUTRAM ROAD
City-State-Zip: SINGAPORE 169608

Title PAST PRESIDENT
Name BLEIWEISS, IRA JMD
Address HOSPITAL OF THE UNIVERSITY OF
PENNSYLVANIA
3400 SPRUCE ST SECTION OF
SURGICAL PATHOLOGY
City-State-Zip: PHILADELPHIA PA 19104

Title TREASURER
Name WEN, HANNAH Y MD, PHD
Address 1275 YORK AVENUE
MEMORIAL SLOAN KETTERING
CANCER CENTER, DEPARTMENT OF
PATHOLOGY
City-State-Zip: NEW YORK NY 10065

Title SECRETARY
Name RAKHA, EMAD MD
Address NOTTINGHAM CITY HOSPITAL
HUCKNALL ROAD
City-State-Zip: NOTTINGHAM NG5 1PB

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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: HANNAH WEN

TREASURER, ISBP

01/27/2022

Officer/Director Detail Continued :

Title PRESIDENT
Name JENSEN, KRISTIN MD
Address 3801 MIRANDA AVENUE
 VA PALO ALTO HEALTH CARE SYSTEM
 PATHOLOGY AND LABORATORY MEDICINE
 SERVICE
City-State-Zip: PALO ALTO CA 94304