2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2023
Secretary of State
0370228114CC

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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 MD, PHD 02/01/2023

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