2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005118

Entity Name: INTERNATIONAL SOCIETY OF BREAST PATHOLOGY, INC.

FILED
Jan 11, 2021
Secretary of State
0154550801CC

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:

Electronic Signature of 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:

Title

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PAST PRESIDENT Title PAST PRESIDENT

Name BROGI, EDI DR. Name TAN, PUAY-HOON MD

Address MEMORIAL SLOAN KETTERING Address SINGAPORE GENERAL HOSPITAL

CANCER CENTER OUTRAM ROAD

1275 YORK AVE DIRECTOR OF City-State-Zip: SINGAPORE 169608

BREAST PATHOLOGY

PRESIDENT

City-State-Zip: NEW YROK NY 10065 Title PAST PRESIDENT

Title PAST TREASURER Name BLEIWEISS, IRA JMD

Name WILEY, ELIZABETH LMD Address HOSPITAL OF THE UNIVERSITY OF

Address 512 N. MCCLURG COURT #4004 PENNSYLVANIA 3400 SPRUCE ST SECTION OF

SURGICAL PATHOLOGY

City-State-Zip: CHICAGO IL 60611

City-State-Zip: PHILADELPHIA PA 19104

Title PAST SECRETARY Title TREASURER

Name FARSHID, GALAREH DR.

Name WEN, HANNAH Y MD, PHD

Address 1 GOODWOOD ROAD Address 1275 YORK AVENUE

City-State-Zip: WAYVILLE 5065 MEMORIAL SLOAN KETTERING

CANCER CENTER, DEPARTMENT OF

PATHOLOGY

Name SCHMITT, FERNANDO MD, PHD City-State-Zip: NEW YORK NY 10065

Address MEDICAL FACULTY, PORTO Title SECRETARY

UNIVERSITY

City-State-Zip: PORTO 4200-319

Address NOTTINGHAM CITY HOSPITAL

HUCKNALL ROAD

City-State-Zip: NOTTINGHAM NG5 1PB

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 Y WEN MD, PHD 01/11/2021