

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003045

Entity Name: IBEROAMERICAN SOCIETY OF NEONATOLOGY (U.S.A.), INC.

FILED
Jan 16, 2018
Secretary of State
CC6994986743

Current Principal Place of Business:

C/O STEVEN NYDICK
30 COLUMBIA TURNPIKE, SUITE 204
FLORHAM PARK, NJ 07932

Current Mailing Address:

C/O STEVEN NYDICK
30 COLUMBIA TURNPIKE, SUITE 204
FLORHAM PARK, NJ 07932 US

FEI Number: 20-2133452

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 EXECUTIVE MEDICAL DIRECTOR
Name SOLA, AUGUSTO DR.
Address 2244 NEWBURY DR
City-State-Zip: WELLINGTON FL 33414

Title PRESIDENT
Name GOLOMBEK, SERGIO DR.
Address 1 FOUNTAIN LANE
3K
City-State-Zip: NEW YORK NY 10583

Title PRESIDENT ELECT
Name MORGUES, MONICA DR.
Address MALAGE 89 OF. 11
City-State-Zip: SANTIAGO DE CHILE

Title VP
Name NEIRA, FREDDY DR.
Address CARRERA 57 NO 133-170
City-State-Zip: BARRANQUILLA

Title TREASURER
Name BIRNBAUM, SERGIO DR
Address EMILIO CIVIL 340, 2 PISODPT 315500
City-State-Zip: MENDOZA

Title SECRETARY
Name LEMUS VARELA, MARIA DE LOURDES
Address AVENIDA NINO OBRERO #508
COLONIA CAMINO REAL CP45040
City-State-Zip: ZAPOPAN JALISCO GUADALAJARA

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: AUGUSTO SOLA

**EXECUTIVE MEDICAL
DIRECTOR**

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date