2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003045

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

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		Title	PRESIDENT
Name	SOLA, AUGUSTO DR.		Name	GOLOMBEK, SERGIO DR.
Address	2244 NEWBURY DR		Address	1 FOUNTAIN LANE 3K
City-State-Zip:	WELLINGTON FL 33414		City-State-Zip:	SCARSDALE NY 10583
Title	PRESIDENT ELECT		Title	VP
Name	MORGUES, MONICA DR.		Name	RODRIGUEZ, SUSANA DR.
Address	MALAGE 89 OF. 11		Address	STREET CERETTI 1836
City-State-Zip:	SANTIAGO DE CHILE		City-State-Zip:	CIUDAD AUTONOMA, BUENOS AIRES
Title	TREASURER		Title	SECRETARY
Name	BIRNBAUM, SERGIO DR		Name	LEMUS VARELA, MARIA DE LOURDES
Address	EMILIO CIVIL 340, 2 PISODPT 315500		Address	AVENIDA NINO OBRERO #508 COLONIA CAMINO REAL CP45040
City-State-Zip:	MENDOZA		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   DIRECTOR   02/11/2020

Electronic Signature of Signing Officer/Director Detail   Date