

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003045

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

**FILED**  
**Apr 18, 2024**  
**Secretary of State**  
**3718060164CC**

**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 GENERAL DIRECTOR  
Name SOLA, AUGUSTO DR.  
Address 2244 NEWBURY DR  
City-State-Zip: WELLINGTON FL 33414

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

Title SCIENTIFIC DIRECTOR  
Name RODRIGEZ, SUSANA DR.  
Address CERETTI 1838 CP 1431  
City-State-Zip: CABA

Title DIRECTOR OF PROGRAMS AND PROJECTS  
Name CARDETTI, MARCELO DR.  
Address BARRIO ALTO LAS LOMAS B CASA 14

Title DIRECTOR OF OPERATIONS  
Name MAKSIMOVIC, LARA  
Address PERU 1012  
City-State-Zip: BUENOS AIRES 1068

City-State-Zip: SAN LUIS 5700

*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**

**GENERAL DIRECTOR**

**04/18/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date