

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003045

FILED
Feb 08, 2012
Secretary of State

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 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-2133452 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: CABANAS, FERNANDO
Address: PASEO DE LA CASTELLANA 261
City-St-Zip: MADRID, ES ES

Title: D
Name: SOLA, AUGUSTO
Address: 40 PARKER
City-St-Zip: IRVINE, CA 92618 US

Title: D
Name: BAUER, GABRIELA
Address: MATEU 967
City-St-Zip: BUENOS AIRES CP 1219, AR AR

Title: D
Name: NATTA, DIEGO
Address: CORDOBA 4545
City-St-Zip: MAR DEL PLATA, AR AR

Title: D
Name: DELMORAL, TERESA
Address: 1925 BRICKELL AV, APT D808
City-St-Zip: MIAMI, FL 33129 US

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, MD

OFFI

02/08/2012

Electronic Signature of Signing Officer or Director

Date