

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003045

**FILED**  
**Jan 25, 2013**  
**Secretary of State**  
**CC5402775644**

**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:** No

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

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

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

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

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

*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

**PRES ELECT**

**01/25/2013**

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

\_\_\_\_\_  
Date