

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006291

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** BABIES WITHOUT BORDERS INC.

**Current Principal Place of Business:**

3100 SW 62ND AVENUE  
DIVISION OF NEONATOLOGY  
MIAMI, FL 33155 US

**New Principal Place of Business:**

**Current Mailing Address:**

3100 SW 62ND AVENUE  
DIVISION OF NEONATOLOGY  
MIAMI, FL 33155 US

**New Mailing Address:**

**FEI Number:** 32-0254645

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOLIZ, FLAVIO DR.  
3100 SW 62ND AVENUE  
MIAMI, FL 33155 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: DR  
Name: SOLIZ, FLAVIO DR  
Address: 3100 SW 62ND AVENUE  
City-St-Zip: MIAMI, FL 33155 US

Title: D  
Name: CHANDLER, BARRY DR  
Address: 3100 SW 62ND AVENUE  
City-St-Zip: MIAMI, FL 33155 US

Title: D  
Name: VALENCIA, PABLO DR  
Address: 3100 SW 62ND AVENUE  
City-St-Zip: MIAMI, FL 33155 US

Title: P  
Name: SOLIZ, FLAVIO DR  
Address: 3100 SW 62ND AVENUE  
City-St-Zip: MIAMI, FL 33155 US

Title: VP  
Name: CHANDLER, BARRY DR  
Address: 3100 SW 62ND AVENUE  
City-St-Zip: MIAMI, FL 33155 US

Title: S  
Name: VALENCIA, PABLO DR  
Address: 3100 SW 62ND AVENUE  
City-St-Zip: MIAMI, FL 33155 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: DR.FLAVIO SOLIZ

P

01/06/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date