2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

FILED DOCUMENT # N51417 May 24, 2000 8:00 am 1. Entity Name Secretary of State ACADEMIA IBEROAMERICANA DE NEUROLOGIA PEDIATRICA 05-24-2000 90009 028 ****61.25 Principal Place of Business Mailing Address 7751 SW 26TH STREET 3200 SW 60TH COURT, SUITE 302 MIAM! FL 33155 MIAMI FL 33155 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0368734 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ORTIZ, NANCY 7751 S.W. 26TH STREET **MIAMI FL 33155** Zip Code City Fi 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change ☐ Delete TITLE TITLE CAMPOS, JAIME MD NAME NAME STREET ADDRESS DIEGO DE LEON 59 1A 28006 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MADRID SPAIN ☐ Addition ☐ Change **VPD** ☐ Delete TITLE TITLE ARCHILA, RICHARD MD NAME INSTITUTO CLINICO LA FLA FINAL NOTICEAVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOS SALMARES CARACAS VENEZUELA ☐ Change Addition SD \square Delete TITLE TITLE PENA, JOAQUIN MD NAME STREET ADDRESS CALLE 42 #15-18 URBANIZACION CANAIMA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARACAIBO VENEZUELA Addition Change TD ☐ Delete TITLE TITLE MULAS, FERNANDO MD NAME NAME STREET ADDRESS STREET ADDRESS CALLE GUARDIA CIVIL 20 RESIDENTIAL PARQUE CITY-ST-ZIP CITY-ST-ZIP 46020 VALENCIA SPAIN ☐ Change ☐ Addition ☐ Delete TITLE TITLE ALVAREZ, LUIS A NAME STREET ADDRESS 3200 SW 60TH CT SUITE 302 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental export is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the deliver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if