

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000005402

**Entity Name:** ANATOMIE CORPORATION**Current Principal Place of Business:**6701 NE 4TH AVENUE  
MIAMI, FL 33138**Current Mailing Address:**6701 NE 4TH AVENUE  
MIAMI, FL 33138 US**FEI Number:** 13-4292662**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOYER, KATALIN  
6701 NE 4TH AVENUE  
MIAMI, FL 33138 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 DIRECTOR  
Name BOYER, KATALIN  
Address 6701 NE 4TH AVENUE  
City-State-Zip: MIAMI FL 33138

Title CEO, DIRECTOR  
Name DIETRICH, THOMAS  
Address 6701 NE 4TH AVENUE  
City-State-Zip: MIAMI FL 33138

Title DIRECTOR  
Name SCHEINER, J DAVID  
Address 6701 NE 4TH AVENUE  
City-State-Zip: MIAMI FL 33138

Title DIRECTOR  
Name KIM-SUK, SANDRA  
Address 6701 NE 4TH AVENUE  
City-State-Zip: MIAMI FL 33138

Title DIRECTOR  
Name PEDDY, LISA  
Address 6701 NE 4TH AVENUE  
City-State-Zip: MIAMI FL 33138

Title SECRETARY  
Name LUSHTAK, JOSHUA  
Address 6701 NE 4TH AVENUE  
City-State-Zip: MIAMI FL 33138

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS DIETRICH

CEO

04/05/2024

Electronic Signature of Signing Officer/Director Detail

Date