

2025 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

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****03/11/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date