

2023 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 CEO, DIRECTOR
Name BOYER, KATALIN
Address 6701 NE 4TH AVENUE
City-State-Zip: MIAMI FL 33138

Title COO, 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: JOSHUA L LUSHTAK**SECRETARY****03/07/2023**

Electronic Signature of Signing Officer/Director Detail

Date