

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000001205

Entity Name: NOVARTIS LATIN AMERICA SERVICES, INC.**Current Principal Place of Business:**5200 BLUE LAGOON DR SUITE 690
WATERFORD BUSINESS PARK
MIAMI, FL 33126**Current Mailing Address:**5200 BLUE LAGOON DR SUITE 690
WATERFORD BUSINESS PARK
MIAMI, FL 33126 US**FEI Number:** 11-3487504**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 | PRESIDENT, CHAIRMAN |
| Name | KARSUNKY, ROBERT |
| Address | 5200 BLUE LAGOON DRIVE SUITE 690 WATERFORD BUSINESS PARK |
| City-State-Zip: | MIAMI FL 33126 |

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|-----------------|-----------------------|
| Title | SECRETARY |
| Name | HELLMUTH, DAVID |
| Address | ONE HEALTH PLAZA |
| City-State-Zip: | EAST HANOVER NJ 07936 |

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|-----------------|--|
| Title | DIRECTOR |
| Name | VAZQUEZ, KATHERINE |
| Address | 5200 BLUE LAGOON DR SUITE 690 WATERFORD BUSINESS PARK |
| City-State-Zip: | MIAMI FL 33126 |

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|-----------------|--|
| Title | VP, CFO |
| Name | LEPIZ, FREDDY |
| Address | 5200 BLUE LAGOON DR SUITE 690 WATERFORD BUSINESS PARK |
| City-State-Zip: | MIAMI FL 33126 |

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|-----------------|--|
| Title | CFO |
| Name | MEDICI, ALINE |
| Address | 5200 BLUE LAGOON DR SUITE 690 WATERFORD BUSINESS PARK |
| City-State-Zip: | MIAMI FL 33126 |

| | |
|-----------------|--|
| Title | TREASURER |
| Name | MARTI, EDUARD |
| Address | 5200 BLUE LAGOON DR SUITE 690 WATERFORD BUSINESS PARK |
| City-State-Zip: | MIAMI FL 33126 |

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: DAVID HELLMUTH**SECRETARY****04/23/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date