

2019 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 CHAIRMAN
Name MARIN, JESUS ACEBILLO
Address 5200 BLUE LAGOON DR SUITE 690
WATERFORD BUSINESS PARK
City-State-Zip: MIAMI FL 33126

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

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

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

Title PRESIDENT
Name BALLESTER, FRANCISCO
Address 5200 BLUE LAGOON DR SUITE 690
WATERFORD BUSINESS PARK
City-State-Zip: MIAMI FL 33126

Title SECRETARY
Name LAZALA, VIRGINIA
Address 5200 BLUE LAGOON DR SUITE 650
City-State-Zip: MIAMI FL 33126

Title TREASURER
Name FERNANDEZ, RAMON GONZALEZ
Address 5200 BLUE LAGOON DR SUITE 690
WATERFORD BUSINESS PARK
City-State-Zip: MIAMI FL 33126

Title VP
Name FUMASONI, MARCELO
Address 5200 BLUE LAGOON DR SUITE 690
WATERFORD BUSINESS PARK
City-State-Zip: MIAMI FL 33126

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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: VIRGINIA LAZALA**SECRETARY****01/23/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	CHAIRMAN
Name	KLEE, CHRISTIAN
Address	250 MASSACHUSETTS AVENUE
City-State-Zip:	CAMBRIDGE MA 02139