

**2020 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  
Name            BALLESTER, FRANCISCO  
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            SECRETARY  
Name            LAZALA, VIRGINIA  
Address        5200 BLUE LAGOON DR SUITE 650  
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            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

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

*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****02/01/2020**

Electronic Signature of Signing Officer/Director Detail

Date