2014 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

FILED Apr 26, 2014

Secretary of State

CC5890924161

Officer/Director Detail:

Title D Title C

Name GEORGE, JEFFREY Name SNOOK, CHRISTOPHER

Address 5200 BLUE LAGOON DR SUITE 690 Address 5200 BLUE LAGOON DR SUITE 690

WATERFORD BUSINESS PARK WATERFORD BUSINESS PARK

City-State-Zip: MIAMI FL 33126 City-State-Zip: MIAMI FL 33126

Title D Title P

Name KIRSCH, HARRY Name BALLESTER, FRANCISCO

Address 5200 BLUE LAGOON DR SUITE 690 Address 5200 BLUE LAGOON DR SUITE 690

WATERFORD BUSINESS PARK WATERFORD BUSINESS PARK

City-State-Zip: MIAMI FL 33126 City-State-Zip: MIAMI FL 33126

Title VP/CFO Title S

Name LEPIZ, FREDDY Name LAZALA, VIRGINIA

Address 5200 BLUE LAGOON DR SUITE 690 Address 5200 BLUE LAGOON DR SUITE 650

WATERFORD BUSINESS PARK
City-State-Zip: MIAMI FL 33126

City-State-Zip: MIAMI FL 33126

Title CFO/VP

Name OLIVERIA, VICTOR SARCIA, CARLOS

Address 5200 BLUE LAGOON DR SUITE 690 SOURCE SOURCE SOURCE SOUR SUITE 690 WATERFORD BUSINESS PARK

5200 BLUE LAGOON DR SUITE 690 WATERFORD BUSINESS PARK 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: VIRGINIA LAZALA SECRETARY 04/26/2014

Electronic Signature of Signing Officer/Director Detail

Date