

**2023 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, REGIONAL HEAD LACAN  
Name KARSUNKY, ROBERT  
Address 5200 BLUE LAGOON DRIVE SUITE 690  
WATERFORD BUSINESS PARK  
City-State-Zip: MIAMI FL 33126

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

Title TREASURER, DIRECTOR  
Name MARTI, EDUARD  
Address ONE HEALTH PLAZA  
City-State-Zip: EAST HANOVER NJ 07936

Title ASST. TREASURER  
Name STENRUD, DOROTHY  
Address ONE HEALTH PLAZA  
City-State-Zip: EAST HANOVER NJ 07936

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

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

Title CHIEF COMMERCIAL OFFICER  
Name PRASIN, MIRISA  
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:** DAVID HELLMUTH**SECRETARY****02/21/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title ASST. TREASURER  
Name PETTY, STEPHEN  
Address ONE HEALTH PLAZA  
City-State-Zip: EAST HANOVER NJ 07936