

**2016 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	SNOOK, CHRISTOPHER
Address	5200 BLUE LAGOON DR SUITE 690 WATERFORD BUSINESS PARK
City-State-Zip:	MIAMI FL 33126

Title	DIRECTOR
Name	KIRSCH, HARRY
Address	FORUM 1 NOVARTIS CAMPUS
City-State-Zip:	BASEL CH-4056

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	DIRECTOR
Name	FRANCIS, RICHARD
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****04/28/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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