(571) 7442200 Ext. 8307
Calle 70 A No. 4 - 41
Bogotá, Colombia
NIT: 860.047.372-8

PODER

El Suscrito.

En calidad de

De : Femsa Salud SpA.

Domicilio: Av. El Salto N° 4875, Huechuraba, Santiago, Chile.

Sociedad constituida de acuerdo con las leyes de Chile

Nombro(amos) a **JUAN PABLO CADENA SARMIENTO** y/o **MARTIN E. TORRES CARDOZO,** de Bogotá, Colombia, apoderados verdaderos y legales con poder especial, amplio y suficiente, para recabar de las oficinas y autoridades colombianas administrativas, judiciales y de policía, en cualquier instancia o recurso, la obtención de patentes de invención, registros de marcas, diseños industriales, modelos de utilidad, depósitos de nombres comerciales, lemas comerciales y enseñas, registros de derechos de autor y contratos sobre los mismos, obtención de certificados de obtentor de variedades vegetales, así como sus prórrogas, renovaciones, anotaciones de traspaso, cambios de nombre y/o domicilio y/o dirección; elaborar, tramitar y registrar contratos de licencia y licencias de cualesquiera clases; intervenir como demandante o como demandado en cualquier instancia y recurso ante cualquier juez, corporación, funcionario público o autoridad en acciones judiciales, administrativas y de policía, en gestiones de: oposiciones al registro de marcas; acciones de caducidad, cancelación y nulidad; acciones reivindicatorias, acciones derivadas de la obtención o explotación de licencias; acciones de competencia desleal; demandas penales; acciones de indemnización de perjuicios, reclamos y observaciones a solicitudes de patentes, diseños industriales, modelos de utilidad, en el ejercicio de medidas cautelares y en otras acciones o medidas similares.

A este efecto, lo(s) faculto(amos) para elevar solicitudes, formular descripciones, enmiendas, protestas, declaraciones, oposiciones, cancelaciones, nulidades, apelaciones y reclamos; pagar impuestos, cuotas y gravámenes prescritos por la ley; renunciar o desistir a derechos concedidos o en curso de concesión; recibir toda clase de documentos y valores, dando el descargo respectivo, y, en general, para dar ante dichas autoridades todos los pasos necesarios al efecto indicado y tomar todas las medidas que creyeren conducentes al resguardo de mis (nuestros intereses), con todas las demás facultades legales necesarias.

Este poder comprende la facultad de ratificar o confirmar en mi (nuestro) nombre lo actuado así como la facultad de desistir, transigir, comprometer, y la de sustituirlo en todo o en parte y revocar sustituciones. Asimismo nombro(amos) a **JUAN PABLO CADENA SARMIENTO** y/o **MARTIN E. TORRES CARDOZO**, domiciliado(s) en la Calle 70A No. 4-41, mis (nuestros) apoderados en Colombia, con facultades para recibir notificaciones y designar apoderados judiciales o extrajudiciales.

Este poder tendrá validez por un periodo de dos años, contados a partir de la fecha de su otorgamiento.

Otorgado y firmado en.....

Hoy.....de.....de…2025

Firma..... Firmado por: Cristian Chechilnitzky Rodriguez 87FF9128AF964E5...

Cristian Chechilnitzky Rodriguez

Nombre.....

Director Regional de Finanzas

Cargo.....

POWER OF ATTORNEY

The Undersigned

Acting as

Of

Company incorporated as per the laws of

domiciled in..

Hereby appoints **JUAN PABLO CADENA SARMIENTO** and/or **MARTIN E. TORRES CARDOZO** , of Bogotá, Colombia, my (our) true and lawful attorneys with special, ample and sufficient power to obtain from the Colombian administrative, judicial and police offices and authorities, in any instance, privileges of patents of invention, registration of trademarks, industrial designs and utility models; registration of commercial names, slogans and emblems, registration of copyright and contracts related thereto, certificates of obtainers of vegetables varieties, as well as extensions, renewals and recordal of assignments and changes of name and domicile and/or address related to the above; to prepare, prosecute and register licenses of any kind; to act as plaintiff or defendant in any instance or recourse, and before any judge, corporation, public official or authority in judicial, administrative and police actions, related to: oppositions to the registration of trademarks; caducity, cancellation and nullity actions; claim actions derived from the obtaining or exploitation of licenses, action of unfair competition; criminal proceedings, actions for payment of damages: claims or observations on patent applications, models, industrial designs and utility models; in the exercise of preventive measures and in other actions or similar proceedings.

To that effect they hereby empowered to file applications, formulate descriptions, amendments, protests, declarations, oppositions, cancellations, nullities, appeals and claims; to pay taxes, quotas and assessments prescribed by law, renounce or waive the rights granted or in the process of granting; to receive all kinds of documents and valuables, giving the respective release of receipt, and, in general, to take before said authorities the necessary steps to such effect, and any measures that they may deem pertinent to the safeguard of my (our) interest(s) with all the other necessary legal powers.

This power includes the faculty to ratify or confirm desist, settle and compromise on my (our) behalf, and to substitute this power in whole or in part and to revoke substitutions. At the same time I (We) hereby appoint **JUAN PABLO CADENA SARMIENTO** and/or **MARTIN E. TORRES CARDOZO**, domiciled in Calle 70A No. 4-41, my (our) attorney(s) in fact, with powers to receive notifications and to designate judicial and extrajudicial attorneys.

This Power of Attorney will be in force for two years term, starting on the execution date.

Granted and signed in.....

This .....day of.....of..2025

Signature..... Firmado por: Cristian Chechilnitzky Rodriguez 87FF9128AF9A4E5...

Cristian Chechilnitzky Rodriguez

Name .....

Director Regional de Finanzas

Title.....

Certificado de finalización

Identificador del sobre: 057D902A-2D93-4763-9FF2-44FD750551A3
Estado: Completado
Asunto: Complete con Docusign: Colombia- Poder- Olhao-Bluetent.pdf
Tipo de contrato:
Sobre de origen:
Páginas del documento: 1
Firmas: 2
Autor del sobre:
Páginas del certificado: 4
Iniciales: 0
Joice Atal Quiroz
Firma guiada: Activado
Av. El Salto 4875
Sello del identificador del sobre: Activado
Region Metropolitana, Santiago 8580668
Zona horaria: (UTC-04:00) Santiago
joice.atal@femsasalud.com
Dirección IP: 190.114.44.51

Seguimiento de registro

Estado: Original
23/01/2025 10:27:57
Titular: Joice Atal Quiroz
joice.atal@femsasalud.com
Ubicación: DocuSign

Eventos de firmante	Firma	Fecha y hora
Cristian Chechilnitzky Rodriguez c.chechilnitzky@femsasalud.com Director Regional de Finanzas Nivel de seguridad: Correo electrónico, Autenticación de cuenta (ninguna)	Firmado por: Cristian Chechilnitzky Rodriguez 87FF9128AF9A4E5... Adopción de firma: Estilo preseleccionado Utilizando dirección IP: 190.162.228.130	Enviado: 23/01/2025 10:29:44 Visto: 23/01/2025 10:45:14 Firmado: 23/01/2025 10:46:45

Divulgación de firma y Registro electrónicos:
Aceptado: 23/01/2025 10:45:14
ID: 26ed6016-0b2e-463d-b920-6c67e79faf54

Eventos de firmante en persona	Firma	Fecha y hora

Eventos de entrega al editor	Estado	Fecha y hora

Eventos de entrega al agente	Estado	Fecha y hora

Eventos de entrega al intermediario	Estado	Fecha y hora

Eventos de entrega certificada	Estado	Fecha y hora

Eventos de copia de carbón	Estado	Fecha y hora

Eventos del testigo	Firma	Fecha y hora

Eventos de notario	Firma	Fecha y hora

Resumen de eventos del sobre	Estado	Marcas de tiempo
Sobre enviado	Con hash/cifrado	23/01/2025 10:29:44
Certificado entregado	Seguridad comprobada	23/01/2025 10:45:14
Firma completada	Seguridad comprobada	23/01/2025 10:46:45
Completado	Seguridad comprobada	23/01/2025 10:46:45

Eventos del pago	Estado	Marcas de tiempo

Divulgación de firma y Registro electrónicos

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