2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2025
Secretary of State
7265991809CC

DOCUMENT# F22000002752

Entity Name: CONNIE HEALTH INC.

Current Principal Place of Business:

23 HARVARD AVE
UNIT 1
BROOKLINE, MA 02446

Current Mailing Address:

23 HARVARD AVE
UNIT 1
BROOKLINE, MA 02446 US

FEI Number: 84-3534134

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	Title	DIRECTOR
Name	LUNA, DAVID	Name	ERAN, ODED
Address	23 HARVARD AVE UNIT 1	Address	23 HARVARD AVE UNIT 1
City-State-Zip:	BROOKLINE MA 02446	City-State-Zip:	BROOKLINE MA 02446
Title	CFO	Title	DIRECTOR
Name	ALTSCHULER, ALON	Name	HARREL, ITTAI
Address	23 HARVARD AVE UNIT 1	Address	23 HARVARD AVE UNIT 1
City-State-Zip:	BROOKLINE MA 02446	City-State-Zip:	BROOKLINE MA 02446
Title	DIRECTOR	Title	DIRECTOR
Name	FIELDING, DAVID	Name	SCOPA, MICHAEL
Address	23 HARVARD AVE UNIT 1	Address	23 HARVARD AVE UNIT 1
City-State-Zip:	BROOKLINE MA 02446	City-State-Zip:	BROOKLINE MA 02446
Title	DIRECTOR		
Name	BERKOVITZ, TOMER		
Address	23 HARVARD AVE UNIT 1		
City-State-Zip:	BROOKLINE MA 02446		

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: ALON ALTSCHULER CFO 02/01/2025

Electronic Signature of Signing Officer/Director Detail — Date