

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F23000006322

Entity Name: COHERE HEALTH, INC.**Current Principal Place of Business:**239 CAUSEWAY ST.
SUITE 403
BOSTON, MA 02114**Current Mailing Address:**239 CAUSEWAY ST.
SUITE 403
BOSTON, MA 02114 US**FEI Number:** 84-2393515**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, DIRECTOR, CEO
Name NAMASIVAYAM, SIVA
Address 239 CAUSEWAY ST.
 SUITE 403
City-State-Zip: BOSTON MA 02114

Title CFO, SECRETARY
Name CARUCCI, KRISTEN
Address 239 CAUSEWAY ST.
 SUITE 403
City-State-Zip: BOSTON MA 02114

Title DIRECTOR
Name MILBY, CARRIE
Address 239 CAUSEWAY ST.
 SUITE 403
City-State-Zip: BOSTON MA 02114

Title DIRECTOR
Name BARRETT, DAVID
Address 239 CAUSEWAY ST.
 SUITE 403
City-State-Zip: BOSTON MA 02114

Title CHAIRMAN
Name GOTTLIEB, GARY
Address 239 CAUSEWAY ST.
 SUITE 403
City-State-Zip: BOSTON MA 02114

Title DIRECTOR
Name GREELEY, MICHAEL
Address 239 CAUSEWAY ST.
 SUITE 403
City-State-Zip: BOSTON MA 02114

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: KRISTEN CARUCCI**SECRETARY****04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date