

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F23000001524

**Entity Name:** TOVER HEALTH TECH INC.

**Current Principal Place of Business:**

228 E 45TH ST STE 9E  
NEW YORK, NY 10017

**Current Mailing Address:**

228 E 45TH ST STE 9E  
NEW YORK, NY 10017 US

**FEI Number:** 87-4156091

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NORTHWEST REGISTERED AGENT LLC  
7901 4TH ST N STE 300  
ST PETERSBURG, FL 33702 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 DIR, P  
Name ANDERIESEN-LE RICHE, HESTER  
Address 228 E 45TH ST STE 9E  
City-State-Zip: NEW YORK NY 10017

Title ASST. SECRETARY  
Name WILLEMSSEN, JACOB  
Address 228 E 45TH ST STE 9E  
City-State-Zip: NEW YORK NY 10017

Title T  
Name BENNINK, BOB  
Address 228 E 45TH ST STE 9E  
City-State-Zip: NEW YORK NY 10017

Title SECRETARY  
Name MARSH, KIRKE  
Address 228 E 45TH STREET STE 9E  
City-State-Zip: NEW YORK NY 10017

*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:** KIRKE MARSH

**SECRETARY**

**04/04/2024**

Electronic Signature of Signing Officer/Director Detail

Date