

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000006134

**FILED**  
**Mar 13, 2023**  
**Secretary of State**  
**5635986653CC**

**Entity Name:** INTERNATIONAL SOS GOVERNMENT MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

3600 HORIZON BOULEVARD  
SUITE 300  
TREVOSE, PA 19053

**Current Mailing Address:**

3600 HORIZON BOULEVARD  
SUITE 300  
TREVOSE, PA 19053 US

**FEI Number: 83-3965859**

**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           TREASURER  
Name           PACK, N'GAI  
Address        2480 PADDLERS COVE DRIVE  
City-State-Zip: CLOVER SC 29710

Title           SECRETARY  
Name           BAILY, CYNDI  
Address        9327 SLEEPY GAP WAY  
City-State-Zip: MISSOURI CITY TX 77459

Title           PRESIDENT  
Name           RUDD, MARTIN  
Address        VILLA 56, AL SHAAKI STREET, 39B STREET  
                  UMM SUQUEIM 1  
City-State-Zip: DUBAI PO BOX 283619

Title           DIRECTOR  
Name           PETERS, NICHOLAS  
Address        LITTLE WOODSIDE, 9 NUNS WALK VIRGINIA WATER  
City-State-Zip: SURREY GU25 4 RT

Title           DIRECTOR  
Name           DANIELS, TIMOTHY MICHAEL  
Address        93 COUNTY ROAD 120  
City-State-Zip: ESPANOLA NM 87532

Title           DIRECTOR  
Name           NELLIGAN, WILLIAM III  
Address        613 VALLEY FORGE RD  
City-State-Zip: WAYNE PA 19087

*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: N'GAI PACK**

**TREASURER**

**03/13/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date