0005168334

STATE OF IDAHO
Office of the secretary of state, Phil McGrane
ANNUAL REPORT
Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: $0.00

For Office Use Only

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File #: 0005168334

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Entity Name and Mailing Address:

Entity Name:	Emergent Travel Health Inc.
Foreign Name (name in home jurisdiction):	Emergent Travel Health Inc.
The file number of this entity on the records of the Idaho Secretary of State is:	0003793370
Address	LEGAL DEPARTMENT 555 TWIN DOLPHIN DR STE 360 REDWOOD CITY, CA 94065-2142

Entity Details:

Entity Status	Active-Good Standing
This entity is organized under the laws of:	DELAWARE
If applicable, the old file number of this entity on the records of the Idaho Secretary of State was:	

The registered agent on record is:
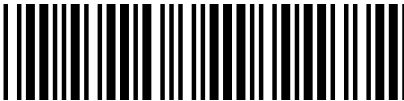
Registered Agent	C T CORPORATION SYSTEM Commercial Registered Agent Physical Address 1555 W SHORELINE DR STE 100 BOISE, ID 83702 Mailing Address 1555 W SHORELINE DR STE 100 BOISE, ID 83702

Agent or Address Change

☐ Select if you are appointing a new agent.

Corporate Officers and Directors:

Name	Title	Business Address
Adam Havey	President	3500 N MLK BLVD. LANSING, MI 46809
~~Paul Williams~~	~~Vice President~~	~~400 PROFESSIONAL DR~~ ~~SUITE 400~~ ~~GAITHERSBURG, MD 20879~~
~~Atul Saran~~	~~Secretary~~	~~400 PROFESSIONAL DR~~ ~~SUITE 400~~ ~~GAITHERSBURG, MD 20879~~
Richard Lindahl	Treasurer	400 PROFESSIONAL DR SUITE 400 GAITHERSBURG, MD 20879
Adam Havey	Director	3500 N MLK BLVD. LANSING, MI 46809

⊟ ~~ATUL SARAN~~	~~Director~~	~~400 PROFESSIONAL DR~~ ~~SUITE 400~~ ~~GAITHERSBURG, MD 20879~~
Richard Lindahl	Director	400 PROFESSIONAL DR SUITE 400 GAITHERSBURG, MD 20879
⊞ Jennifer Fox	Director	400 PROFESSIONAL DRIVE SUITE 400 GAITHERSBURG, MD 20879
⊞ Jennifer Fox	Secretary	400 PROFESSIONAL DRIVE SUITE 400 GAITHERSBURG, MD 20879
⊞ Frank Vargo	Treasurer	400 PROFESSIONAL DRIVE SUITE 400 GAITHERSBURG, MD 20879

The annual report must be signed by an authorized signer of the entity.

Job Title: Secretary

Jennifer Fox
_____

Sign Here

03/27/2023
_____

Date