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(Requ	uestor's Name)		
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(City/	State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Busi	ness Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Fi	ling Officer:		
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M. SOLOMON FEB 1 6 2024

COVER LETTER

TO:	Registration Section Division of Corporations
SUBI	ECT: CRISP Shared Services, Inc.
ССБ	Name of Corporation – must include suffix
Dear S	ir or Madam:
Affairs	closed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to r the above referenced not for profit corporation to conduct its affairs in Florida.
Please	return all correspondence concerning this matter to the following:
	Kelley Gallagher
	Name of Person
	CRISP Shared Services, Inc.
	CRISP Shared Services, Inc. Firm/Company
	7160 Columbia Gateway Drive
	Suite 100
	Address
	Columbia, MD 21046
	City/State and Zip Code
	Kelley.Gallagher@crisphealth.org
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Kelley	Gallagher 443 285-0160 at ()
	Name of Person Area Code Daytime Telephone Number
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Please r	ed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE .00 Filing Fee

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

n the name at p CRISP Shared :		e used as a corporate suffix by a nonprofit corporation.)	
		rate name adopted for the purpose of transacting business in Flor	-ida)
(II hame unavi	anade in Fiorida, enter attendate corpor	are name adopted for the purpose of harisacting business in For	
Maryland		3, 85-3328249	
(State or cou	ntry under the law of which it is incorpo	3. 85-3328249 (FEI number, if applicable)	
10/05/2020	=	5	
1)	Date of Incorporation)	5. (Date of duration, if other than perpetual)	
Direct engage	ement 2/1/2024		
Date first cond	lucted affairs in Florida if prior to registra	tion. See sections 617.1501 & 617.1502, F.S. to determine penalty	liability.)
7160 Columbi	a Gateway Drive, Suite 100, Columbia,	, MD 21046	
	(Princ	cipal office street address)	— ≃
			2024 FEI
.	(Current	mailing address, if different)	——£
Provide health	information exchange / data utility tech	hnology and related services to support public health and healthe	care
Purpose(s) of	corporation authorized in home state or	hnology and related services to support public health and health country to be carried out in the state of Florida)	1
Name and <u>str</u>	reet address of Florida registered age	ent: (P.O. Box <u>NOT</u> acceptable)	17
	Universal Registered Agents, Inc.		
Namai			
	1317 CALIFORNIA STREET		
		, Florida 32304 (Zip Code)	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR			
Chairman	Scott MacLean Name:	Chairman	Name: Tressa Springmann
□Vice Chairman	Address:	■Vice Chairman	Address: 7160 Columbia Gateway Drive
□Director	Suite 100	□ Director	Suite 100
□President	Columbia, MD 21046	□President	Columbia, MD 21046
□Vice President		□Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer
Other:	□ Other:	Other:	Other:
□Chairman	Ed Grogan Name:	□Chairman	Name: Doug Hall
□Vice Chairman	Address: 7160 Columbia Gateway Drive	□Vice Chairman	Address: 7160 Columbia Gateway Drive
□Director	Suite 100	□Director	Suite 100 202
□President	Columbia, MD 21046	□President	Columbia, MD 21046
□Vice President		□Vice President	, И
Secretary	□Treasurer	☐ Secretary	■Treasurer ∞
□Other:	☐ Other:	Other:	□Other:
□Chairman	Name:	□ Chairman	Name: Nichole Sweeney, Esq.
□Vice Chairman	Address:	□Vice Chairman	Address: 7160 Columbia Gateway Drive
□Director	Suite 100	□Director	Suite 100
President	Columbia, MD 21046	□President	Columbia, MD 21046
□Vice President		■Vice President	
Secretary	□Treasurer	Secretary	□Treasurer
Other:	Other:	General (Counsel Other:
	at Notice: Use an attachment to report more than sividuals may be added to the index when filing you		
13.	(Signature of Chairman, Vice Chairman, or any	officer listed in numb	er 12 of the application)
Nichole Swe	ency. Esq., Vice President and General Counsel		



Member & Director Roster 2023-2024

CRISP Shared Services Board

Board Members

Name	Organization	Tide/Gmail		Service Veerof Service
Scott MacLean	MedStar Health System	SVP & Chief Information Officer scott.t.maclean@medstar.net	CRISP MD; Chair	4
Tressa Springmann	LifeBridge Health System	SVP; Chief Information & Digital Officer tspringm@lifebridgehealth.org	CRISP MD; Vice Chair	4
Doug Hall	Johns Hopkins Health System	Sr. Director, Planning Analytics and Business Intelligence dhall@jhmi.edu	CRISP MD, Treasurer	4
Ed Grogan	Sibley Memorial Hospital	Sr. Director, Information Services ed.grogan@jhmi.edu	CRISP DC, Secretary	3
Jim Fawcett	Highmark	Market President, Blue Cross Blue Shield of West Virginia james.fawcett@highmark.com	WVHIN	4
Colt Courtright	Premera Blue Cross	Chief Data & Analytics Officer colt.courtright@premera.com	healtheConnect Alaska	1
Debbie Condrey	The Sequoia Project	Chief Operations Officer dcondrey@sequoiaproject.org	VHI	2
Allen Hsiao, MD, FAAP, FAMIA	Yale School of Medicine & Yale New Haven Health	Professor of Pediatrics (Emergency Medicine) and of Emergency Medicine; Interim Chief, Pediatric Emergency Medicine; CHIO allen.hsiao@yale.edu	Connie	1

Ex Officio Officers / Directors

Name	Organization	Title/Email	Office // Role	Service Veer of Current
Craig Behm	CRISP Shared	President	President &	2
0,4.8	Services	craig.behm@crisphealth.org	CEO	



Nichole Sweeney	CRISP Shared Services	Vice President	VP & General Counsel	2
Brandon Neiswender	CRISP Shared Services	Vice President brandon.neiswender@crisphealth.org	VP & CSO	4
Ryan Bramble	CRISP Shared Services	Vice President ryan.bramble@crisphealth.org	VP & COO	3
Stacey Benicewicz	CRISP Shared Services	Vice President Stacey.benicewicz@crisphealth.org	VP & CFO	3

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CRISP SHARED SERVICES, INC. (D20967873), INCORPORATED OCTOBER 05, 2020, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 16, 2024.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: 3_V8PoqafkKpe7wmTJxFZQ To verify the Authentication Code, visit http://dat.maryland.gov/verify