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(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 03/13/2024
Acc#I20160000072

en: c SW

Name:	Emergency Care Research Institute
Document #:	
Order #:	15435814 - 29

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Email Address for Annual Report Notifications:
mkondo@ecri.org

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Amount: \$ **78.75**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMERGENCY CARE RESEARCH INSTITUTE

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Emma Kline

Name of Person

Firm/Company

5200 Butler Pike

Address

Plymouth Meeting, PA 19462

City/State and Zip Code

mkondo@ecri.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emma Kline

Name of Person

at (610) 825-6000
Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**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:*

1. **EMERGENCY CARE RESEARCH INSTITUTE, Inc.**

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

EMERGENCY CARE RESEARCH INSTITUTE, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Pennsylvania 3. 23-1662091
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/31/1955 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. Upon Filing
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 5200 Butler Pike, Plymouth Meeting, PA 19462
(Principal office street address)

(Current mailing address, if different)

ECRI is organized exclusively for charitable, scientific, and educational purposes within the meaning of IRC Section 501(c)(3). ECRI's mission is advancing effective, evidence-based healthcare globally. ECRI's mission is accomplished through its publishing, membership, and information programs, technical assistance and consulting programs, and education programs.

8. _____
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation Florida 33324
(City) (Zip Code)

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10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By SEAN L. EMERICK, ASSISTANT SECRETARY

(Registered agent's signature)



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]: See Attachment

A. DIRECTORS

☐ Chairman Name: Marcus Schabacker
☐ Vice Chairman Address: 5200 Butler Pike
☒ Director Plymouth Meeting, PA 19462
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: CEO ☐ Other: _____

☒ Chairman Name: Richard M. Arons
☐ Vice Chairman Address: 5200 Butler Pike
☒ Director Plymouth Meeting, PA 19462
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: David L. Mayer
☐ Vice Chairman Address: 5200 Butler Pike
☒ Director Plymouth Meeting, PA 19462
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Robert M. Crane
☐ Vice Chairman Address: 5200 Butler Pike
☒ Director Plymouth Meeting, PA 19462
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Daniel Farber Huang
☐ Vice Chairman Address: 5200 Butler Pike
☒ Director Plymouth Meeting, PA 19462
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Karen Fisher
☐ Vice Chairman Address: 5200 Butler Pike
☒ Director Plymouth Meeting, PA 19462
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. /s/ Marcus Schabacker
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Marcus Schabacker, CEO
(Typed or printed name and capacity of person signing application)

Emergency Care Research Institute's Board of Trustees as of September 2023

Address of all Officers/Directors: 5200 Butler Pike, Plymouth Meeting, PA 19462

1. Cary Greene – Director
2. Cristina Himenez – Director
3. Michael Prokopis – Director
4. Shikha Anand – Director
5. Anthony Vincent – Director
6. Gordon C. Hunt, Jr. – Director
7. Peter Catalano – Chief Financial Officer
8. Randal White – Chief Legal Officer
9. Bevin O'Neil – Chief Strategy Officer
10. Stuart Morris-Hipkins – Chief Solutions Officer
11. Lea Rubini – Chief Human Resources Officer
12. Dheerendra Kommala – Chief Medical Officer
13. Benjamin Dai – Chief Technology Officer, Chief Information Officer

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: EMERGENCY CARE RESEARCH INSTITUTE
Request Type: Subsistence Certificate **Issuance Date:** March 12, 2024
Request No.: 032111821 **File No.:** 0000144246
Receipt No.: 000951404
Filing Type: Domestic Nonprofit Corporation
Filing Subtype: Nonprofit Corporation
Initial Filing Date: January 31, 1955
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

EMERGENCY CARE RESEARCH INSTITUTE

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov