NORTH BROWARD HOSPITAL DISTRICT (NBHD) DBA BROWARD HEALTH LOBBYING REGISTRATION FORM

(SEE BACK FOR INSTRUCTIONS)

For what purpose are you using this form?
- [x] New Registration
- [ ] Change to Profile
- [ ] Renewal

To which fiscal year does this form apply? 20 [21]

LOBBYIST:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle</th>
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</thead>
<tbody>
<tr>
<td>Lopez</td>
<td>Steven</td>
<td>R</td>
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</tbody>
</table>

Mailing Address

Steven.Lopez@iqvia.com

Email Address: steven.lopez@iqvia.com

Office Number 719 - 7903

Cell Number 203 - 886 - 9472

Lobbying Firm on behalf of which lobbyist is representing principal (if any)

Lobbying Firm’s Mailing Address

Telephone Number

Do you have any direct or indirect business association, partnership, or financial relationship or live in the same household with or are related to any Broward Health Board Member, Board Committee Member, employee, or agent?

- [ ] No
- [ ] Yes. State with whom and explain:

Have you ever been an employee of Broward Health?

- [x] No
- [ ] Yes,

Title

Date of Employment

Date of Separation

Have you ever served as a NBHD Commissioner or on a Commission Sub-Committee?

- [x] No
- [ ] Yes,

Date of Service

Date of Separation

Provide the names, business address, telephone number and area of interest of each principal represented.

### PRINCIPAL #1

IQVIA CSMS US Inc.

Principal Name

100 IMS Drive

Principal Mailing Address

Parsippany, NJ 07054

( ) 866 - 267 - 4479

Principal Telephone Number

Pharmaceutical Services

Areas of Interest/General & Specific Subject Matter

### PRINCIPAL #2

Principal Name

Principal Mailing Address

Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

### PRINCIPAL #3

Principal Name

Principal Mailing Address

Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

STATE OF NEW JERSEY

COUNTY OF MERCER

I, Samuel Ramos, do solemnly swear that all the foregoing facts are true and correct.

Date: 3 - 30 - 21

Original Signature of Lobbyist

Sworn to (or affirmed) and subscribed before me this 20th day of March 2021, by

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known OR Produced Identification X

Type of Identification Produced New Jersey Driver's License
Principal Authorization Form

Authorization to Represent the Principal

Type or print the principal represented and name of lobbyist as they are shown on the registration form, also, describe the main business. This authorization to represent the principal before the North Broward Hospital District dba Broward Health for this lobbyist will be carried forward each calendar year if the renewal form submitted by this lobbyist indicates “yes” to renew for the next year. Cancellation of a lobbyist’s registration by the principal must be provided by written notice. Cancellation forms can be found at www.browardhealth.org

IQVIA CSMS US Inc. hereby authorizes Steven Lopez

Pharmaceutical Services

Description of Principal’s Main Business

Signature of Principal or Principal’s Representative
Jaime Thompson

Print Principal Name / Principal’s Representative
VP & GM, CSMS & MedTech, US

Print Title of Principal / Principal’s Representative
1/22/2021

Date

Attach this authorization to your registration form.