



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

(SEE BACK FOR INSTRUCTIONS)

For what purpose are you using this form?  
 New Registration     Change to Profile     Renewal  
 To which fiscal year does this form apply? 20 22

**LOBBYIST:**  
**Cano** **Carlos**  
Last Name First Name Middle  
**95 Hayden Dr Lexington MA 02421**  
Mailing Address  
**carlos.cano@takeda.com**  
Email Address  
 ( ) Office Number    ( 787 ) 307-4105 Cell Number

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?  No     Yes,  
 \_\_\_\_\_  
Title Date of Employment Date of Separation  
 Have you ever served as an NBHD Commissioner or on a Commission Sub-Committee?  
 No     Yes,  
 \_\_\_\_\_  
Date of Service Date of Separation

**OATH**

*I do solemnly swear that all the foregoing facts are true and correct.*

\_\_\_\_\_  
 Original Signature of Lobbyist

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

**Takeda Pharmaceuticals America, Inc.**

**PRINCIPAL #1** Principal Name  
**95 Hayden Dr Lexington MA 02421**  
Principal Mailing Address  
 ( 617 ) 679-7000 **Pharmaceuticals**  
Principal Telephone Number **Healthcare**  
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 FLORIDA**  
**COUNTY OF BROWARD**  
 Sworn to (or affirmed) and subscribed before me this 8<sup>th</sup> day of July, 20 22 by CARLOS CANO

(Signature of Notary Public--State of Florida)  
  
 \_\_\_\_\_  
 (Print, Type, or Stamp Commissioned Name of Notary Public)  
 Personally Known \_\_\_\_\_ OR Produced Identification   
 Type of Identification Produced FLORIAN NAPP



## 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](http://www.browardhealth.org)

**Takeda Pharmaceuticals America, Inc.**

Principal Name

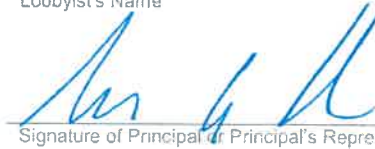
hereby authorizes

**Carlos Cano**

Lobbyist's Name

**Pharmaceutical Company**

Description of Principal's Main Business



Signature of Principal / Principal's Representative

**Andrew Kaplan**

Print Principal Name / Principal's Representative

**VP, US Public Affairs**

Print Title of Principal / Principal's Representative

**7/7/22**

Date

Attach this authorization to your registration form.