



# 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:**

Kester                      Francesca  
Last Name                      First Name                      Middle  
2601 NE 5th ST Pompano Beach, FL 33062  
Mailing Address  
FKester@its.jnj.com  
Email Address  
(       )                      (954) 873-2499  
Office Number                      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.**

Francesca Kester  
Original Signature of Lobbyist

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

**PRINCIPAL #1**    Joshiah Diaz  
Principal Name  
505 NE 15th Ave  
Principal Mailing Address  
Fort Lauderdale FL 33301  
954, 298-8107    Pharmaceutical  
Principal Telephone Number  
Areas of Interest/General & Specific Subject Matter

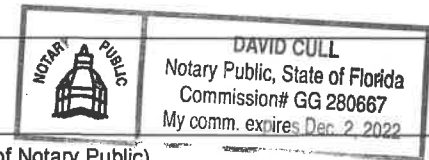
**PRINCIPAL #2**    \_\_\_\_\_  
Principal Name  
Principal Mailing Address  
(       )  
Principal Telephone Number  
Areas of Interest/General & Specific Subject Matter

**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 21<sup>st</sup> day of July, 2022 by Francesca Kester

David Cull  
(Signature of Notary Public--State of Florida)  
**DAVID CULL**  
(Print, Type, or Stamp Commissioned Name of Notary Public)



Personally Known \_\_\_\_\_ OR Produced Identification X  
Type of Identification Produced DRIVER 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](http://www.browardhealth.org)

Josiah DIAZ hereby authorizes Francesca Rester  
Principal Name Lobbyist's Name

Pharmaceutical  
Description of Principal's Main Business

Josiah Diaz  
Signature of Principal or Principal's Representative

JOSIAH DIAZ  
Print Principal Name / Principal's Representative

Executive Sales Manager  
Print Title of Principal / Principal's Representative

07/26/22  
Date

Attach this authorization to your registration form.