



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:

Woytek **James** **Donald**

Last Name First Name Middle

15631 Italian Cypress Way, Wellington, FL 33414

Mailing Address

James.Woytek@lqvia.com

Email Address

561-385-7347

Office Number Cell Number

IQVIA

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

100 IMS Drive, Parsipanny, NJ 07054

Lobbying Firm's Mailing Address

866-267-4479

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.

James Woytek

Original Signature of Lobbyist

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

IQVIA CSMS US Inc

PRINCIPAL #1 Principal Name

100 IMS Drive

Principal Mailing Address

Parsipanny, NJ 07054

866-267-4479 **Pharmaceutical Services**

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

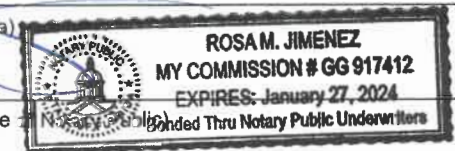
STATE OF FLORIDA
COUNTY OF Palm Beach

Sworn to (or affirmed) and subscribed before me this 27th day of June, 2022 by James A Woytek

[Signature]

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name)



Personally Known OR Produced Identification

Type of Identification Produced _____

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.

Principal Name

hereby authorizes

James Waytek

Lobbyist's Name

Pharmaceutical Services

Description of Principal's Main Business

Jaime Thompson

Signature of Principal or Principal's Representative

Jaime Thompson

Print Principal Name / Principal's Representative

SVP & GM, CSMS & MedTech, U.S.

Print Title of Principal / Principal's Representative

1/13/22

Date

Attach this authorization to your registration form.