



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 21

LOBBYIST:

GATES JAMES R
Last Name First Name Middle
5875 E. 150th ST N. COMINSVILLE OK
Mailing Address 74021
JGATES@THERAVANCE.COM
Email Address
(918) 606-4244 918) 606-4244
Office Number Cell Number

THERAVANCE BIOPHARMA
Lobbying Firm on behalf of which lobbyist is representing principal (if any)
901 GATEWAY BOULEVARD SUITE SAN FRANCISCO
Lobbying Firm's Mailing Address CA 94080
(650) 808-6000
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.

[Signature]
Original Signature of Lobbyist

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

PRINCIPAL #1 FABIO VOGEL
Principal Name
1600 S. ANDREW AVE.
Principal Mailing Address
FT LAUDERDALE FL 33316
(954) 940-8700 JUSTAT HOSPITAL
Principal Telephone Number COUNTY CONTRACTOR
355-4000 Areas of Interest/General & Specific Subject Matter

PRINCIPAL #2 NATALIE TAVEL
Principal Name
6401 N. FEDERAL HWY
Principal Mailing Address
FT. LAUDERDALE FL 33316
(954) 776-3500
Principal Telephone Number James M. Moore
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 OK
COUNTY OF WALTON
Sworn to (or affirmed) and subscribed before me this 20 day of Aug, 2021 by _____

[Signature]
(Signature of Notary Public—State of Florida)
Dusty LeAnn Coak
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification
Type of Identification Produced OK Drivers 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

Theravance Biopharma

Principal Name

hereby authorizes

James R Gates

Lobbyist's Name

Pharmaceutical Manufacturer

Description of Principal's Main Business

Lisa Wasson

Signature of Principal or Principal's Representative

Lisa Wasson

Print Principal Name / Principal's Representative

Senior Director/Head of Market Access

Print Title of Principal / Principal's Representative

8/20/21

Date

Attach this authorization to your registration form.