



# 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 23

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**LOBBYIST:**  
**Baker** \_\_\_\_\_ **Mark** \_\_\_\_\_  
 Last Name                          First Name                          Middle  
 c/o Politicom Law LLP, 28 Liberty Ship Way, Suite 2815, Sausalito, CA 94965  
 Mailing Address  
 ucb@politicomlaw.com  
 Email Address  
 ( 415 ) 903-2800                                  (      ) \_\_\_\_\_  
 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.*


Mark Baker  
 \_\_\_\_\_  
 Original Signature of Lobbyist

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

**PRINCIPAL #1**    UCB, Inc. \_\_\_\_\_  
 Principal Name  
 c/o Politicom Law LLP, 28 Liberty Ship Way, Suite 2815, Sausalito, CA 94965  
 Principal Mailing Address  
 \_\_\_\_\_  
 ( 415 ) 903-2800                          Health and Healthcare  
 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 24<sup>th</sup> day of June, 2023 by  
Lisa A. Torino  
 (Signature of Notary Public—State of Florida)   
**Lisa A. Torino**  
**Comm. #GG327216**  
**Expires: April 23, 2023**  
**Bonded Thru Aaron Notary**

\_\_\_\_\_  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

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

UCB, Inc.

Principal Name


hereby authorizes

Mark Baker

Lobbyist's Name

Health and Healthcare

Description of Principal's Main Business

  
Signature of Principal or Principal's Representative

Jennie Unger Skelton

Print Principal Name / Principal's Representative

Designated Agent for Filer

Print Title of Principal / Principal's Representative

July 5, 2022

Date

**Attach this authorization to your registration form.**