



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 _____

LOBBYIST:

Obenauf **Alex**

Last Name Obenauf First Name Alex Middle _____

5941 Seabird Drive S, Gulfport, FL, 33707

Mailing Address

compliance_browardcountyhealth

Email Address

813 223 1466

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.

Original Signature of Lobbyist

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

KPMG LLP

PRINCIPAL #1 Principal Name

100 North Tampa Street, Suite 1700

Principal Mailing Address

Tampa, FL, 33602

813 223 1466

Principal Telephone Number

IT Strategy

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

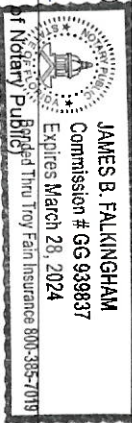
STATE OF FLORIDA
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me this 26th day of January, 2024 by Alex Obenauf

(Signature of Notary Public--State of Florida)

James B Falkingham

(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

KPMG LLP

Principal Name

hereby authorizes

Alex Obenauf

Lobbyist's Name

Consulting

Description of Principal's Main Business

David Tarabocchia

Digitally signed by David Tarabocchia
Date: 2024.01.26 14:40:15 -05'00'

Signature of Principal or Principal's Representative

David Tarabocchia

Print Principal Name / Principal's Representative

Principal

Print Title of Principal / Principal's Representative

1/26/2024

Date

Attach this authorization to your registration form.