

## 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	Provide the names, business address, telephone number and area of interest of each principal represented.
To which fiscal year does this form apply? 20	PRINCIPAL#1 Thra technologics  101 Hudson St. Jesen City NJ 07302
LOBBYIST: ANTHONY LAWING	Principal Mailing Address
DLVEY Last Name SGJS HERONS COVE PL, TAMPA, FL 33647 Mailing Address as Ivery@ Herafech.com	Principal Telephone Number  Areas of Interest/General & Specific Subject Matter
Email Address	PRINCIPAL #2 Principal Name
Lobbying Firm on behalf of which lobbying is representing principal (if any)	Principal Mailing Address
101 Hodson St, 21st Floor Janguity, NS Lobbying Firm's Mailing Address 519 336-7800 07302	Principal Telephone Number  Areas of Interest/General & Specific Subject Matter
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?	PRINCIPAL#3 Principal Name
No State with whom and explain:	Principal Mailing Address
	Principal Telephone Number
	Areas of Interest/General & Specific Subject Matter
Have you ever been an employee of Broward Health? No Yes,	
	STATE OF FLORIDA COUNTY OF HILL S BORD GH
Title Date of Employment Date of Separation	Sworn to (or affirmed) and subscribed before me this & day of
Have you ever served as an NBHD Commissioner or on a Commission Sub-Committee?	Swom to (or ammed) and subscribed before the this
▼ No	(100180)
Date of Service Date of Separation	Na Sylvan
CATH	(Signature of Notary Public-State of Florida)  NEESHA PATEL Notary Public State of S
OATH	Notary Public, State of Florida Commission# HH 145885
I do solemniy∖swear that all the foregoing facts are true and correct.	(Print, Type, or Stemp Commissioned Name of Notary Public) My comm. expires June 27. 2025
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tullia Lanen Clen	Personally Known OR Produced Identification C.
Original Signature of Cobbyist	Type of Identification Produced 0400126933[-0-



## **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 "yea" 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 <a href="https://www.browardhealth.org">www.browardhealth.org</a>

Principal Name

hereby authorizes

Principal Name

Description of Principal's Main Business

Signature of Principal or Principal's Representative

Print Principal Name / Principal's Representative

REGIONAL SALES DIRECTOR

Print Title of Principal / Principal's Representative

ANT Therefeel no logies

Jun 8, 2023

Attach this authorization to your registration form.