

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 24 LOBBYIST: Peo Ashley Ann	Provide the names, business address, telephone number and area of interest of each principal represented. IQVIA CSMS US Inc
Last Name First Name Middle	Principal Mailing Address Parsipanny, NJ 07054
3367 Redbud Court Westfield IN 46074	866-267-4479 Pharmaceutical Services
Mailing Address ashley.peo@iqvia.com Email Address	Principal Telephone Number Areas of Interest/General & Specific Subject Matter
317-850-4712 (PRINCIPAL #2 Principal Name
embecta Lobbying Firm on behalf of which lobbyist is representing principal (if any)	Principal Mailing Address
300 Kimball Drive, Suite 300, Parsippany, N.J.	
Lobbying Firm's Mailing Address	Principal Telephone Number
	Areas of Interest/General & Specific Subject Matter
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? Ves. State with whom and explain:	PRINCIPAL #3 Principal Name Principal Mailing Address
	Principal Telephone Number
Have you ever been an employee of Broward Health? Vo Yes,	Areas of Interest/General & Specific Subject Matter
Title Date of Employment Date of Separation	STATE OF PLORIDA INDICATOR COUNTY OF Hamilton
Date of Employment Date of Separation Have you ever served as an NBHD Commissioner or on a Commission Sub-Committee?	Sworn to (or affirmed) and subscribed before me this day of
✓ No Yes,	Higgs 20 23 by
	(Signature of Notary Public-State of Florida) LORI ANN RAMOS
OATH	My Commission Expires September 21, 2029 Commission Number NP0/3631
I do solemnly swear that all the foregoing facts are true and correct.	(Print, Type, or Stamp Commissioned Name of Notary Public Commission Number NP073631
Orly Res	Personally Known OR Produced Identification DL
Original Signature of Lobbyist	Type of Identification Produced



Principal Name

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.

hereby authorizes

Pharmaceutical Services

Description of Principal's Main Business

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.

INSTRUCTIONS FOR COMPLETING NORTH BROWARD HOSPITAL DISTRICT (NBHD) LOBBYIST REGISTRATION

WHO MUST REGISTER?

Any person who lobbies NBHD must register before lobbying. Please refer to NBHD policy GA-001-120 for Lobbying and Lobbyist Activities and the NBHD Lobbyist Registration & Disclosure Requirement document for persons who register to lobby.

HOWEVER, a person convicted of a felony after January 1, 2006 MAY NOT register as a lobbyist until the person has been released from incarceration and any post-conviction supervision, has paid all court costs and court-ordered restitution, and has had his or her civil rights restored.

PLEASE NOTE: You are considered ineligible if you were an employee of the NBHD, dba Broward Health, have ever served as an NBHD Commissioner, or a Commission Sub-Committee member, or agent within the last two (2) years.

HOW DO I REGISTER?

All registration forms are available on the North Broward Hospital District DBA Broward Health website (www.browardhealth.org). When registering for the first time a paper registration form must be filled out and submitted to the VP Government Relations/Community Affairs. A paper registration form may be obtained from the Executive Assistant/Manager for the District CEO (Board Record Keeper).

The form will be returned if the registrant's original notarized signature is missing or if the form is incomplete. A check or money order for \$40 must be included for each principal with the registration. Make checks or money orders payable to North Broward Hospital District. (A separate statement authorizing the registrant to represent the principal must be signed by the principal or the principal's representative and included with the initial Registration. See principal authorization form.)

All registration renewals may be made on line. However, the renewal fee will still have to be submmitted via check or money order to the VP Government Relations/Community Affairs.

CHANGES OR CANCELLATIONS

Any changes to the information provided on the registration form must be made on-line or in case of hardship reported in writing to the Government Relations Department within 15 days. The lobbyist or principal may cancel the lobbyist's registration for that principal on-line or by filing out the lobbyist cancellation form and sending it to the VP Government Relations/Community Affairs.

Return Form to:

North Broward Hospital District
Attn: VP Government Relation/Community Affairs

c/o Government Relations Department 1800 NW 49th Street, Fort Lauderdale, FL 33309

(954) 473-7180