

NORTH BROWARD HOSPITAL DISTRICT (NBHD) DBA BROWARD HEALTH LOBBYING REGISTRATION FORM (SEE BACK FOR INSTRUCTIONS)

For what purpose are you using this form?	Provide the names, business address, telephone number and area of interest of each principal represented.
New Registration Change to Profile Renewal	•
To which fiscal year does this form apply? 20 23/24	PRINCIPAL #1 Principal Name
LOBBYIST:	
Albert David	Principal Mailing Address
Last Name First Name Middle	C/O 28 Liberty Ship Way, Suite 2815, Sausalito, CA 94965
C/O 28 Liberty Ship Way, Suite 2815, Sausalito, CA 94965	(415) 903-2800 Pharmaceuticals
Mailing Address	Principal Telephone Number
pfizer@politicomlaw.com	Areas of Interest/General & Specific Subject Matter
Email Address	
(415) 903-2800	PRINCIPAL #2
Office Number Cell Number	Principal Name
	Principal Mailing Address
Lobbying Firm on behalf of which lobbyist is representing principal (if any)	
Lobbying Firm's Mailing Address	Principal Telephone Number
	Areas of Interest/General & Specific Subject Matter
Telephone Number	Areas of incress sensitive of poetries subject indices
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:	Principal Mailing Address
	Principal Telephone Number
	,
Have you ever been an employee of Broward Health? No Yes,	Areas of Interest/General & Specific Subject Matter
Trave you over been an employed of Broward Health.	STATE OF FLORIDA A PARILLE
Title Date of Employment Date of Separation	COUNTY OF OKHIV OF
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, 20 23 by Pa + e
	20 23 by 10 10 10 10 10 10 10 10 10 10 10 10 10
No Yes, Date of Service Date of Separation	Will be the second of the seco
	(Signature of Notary Public State of Florida)
OATH	Notary Public State of Florida
	Milan Patel
I do squemnly swear that all the foregoing facts are true and correct.	(Print, Type, or Stamp Commission With A 9 Public)
Later Han X	Personally Known OR Produced Identification
Original Signature of Lobbyist	Type of Identification Produced



Principal Authorization Form

Authorization to Represent the Principal

Type or print the principal represented and name of lobbyist <u>as they are shown on the registration form</u>, also, describe the main business. This authorization to represent the principal before the North Broward Hospital District dba Broward Health for this

Pfizer Inc.	hereby authorizes	David Albert
Principal Name		Lobbyist's Name
Pharmaceuticals		
Description of Principal's Main Business		Signature of Philicipal or Principal's Representative
		Jennie Unger Skelton
		Print Principal Name / Principal's Representative
		Designated Agent for Filer
		Print Title of Principal / Principal's Representative
		June 28, 2023
		Date