



# 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 2024

**LOBBYIST:**

Otero Diana  
Last Name First Name Middle  
8530 nw 140 st #1306 Miami Lakes Fl 33016

Mailing Address  
diana.otero@sobi.com

Email Address  
786-346-4262 786-346-4262

Office Number Cell Number

Sobi Pharma

Lobbying Firm on behalf of which lobbyist is representing principal (if any)  
77 4th Ave 3rd Floor Waltham, MA 02451

Lobbying Firm's Mailing Address  
7817867364

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, 10/30/2023

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.

**PRINCIPAL #1** Sobi Pharma  
Principal Name  
77 4th Ave 3rd Floor Waltham, MA 02451

Principal Mailing Address  
781-786-7364

Principal Telephone Number  
Areas of Interest/General & Specific Subject Matter

**PRINCIPAL #2** N/a  
Principal Name

Principal Mailing Address  
( )

Principal Telephone Number  
Areas of Interest/General & Specific Subject Matter

**PRINCIPAL #3** N/a  
Principal Name

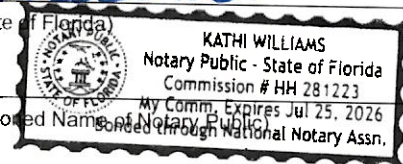
Principal Mailing Address  
( )

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 13th day of November, 20 23 by Diana Otero

Kathi Williams  
(Signature of Notary Public—State of Florida)



(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)

Sobi Pharma

Principal Name

hereby authorizes

Diana Otero

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business

*Wendy Romano*

Signature of Principal or Principal's Representative

Wendy Romano

Print Principal Name / Principal's Representative

Regional Business Director

Print Title of Principal / Principal's Representative

10/30/2023

Date

Attach this authorization to your registration form.