

2001 CURT ST 704 770 7100



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:

Last Name: CLARK First Name: Edan Middle: _____
Mailing Address: 9050 Carrington Avenue, Parkland FL 33076
Email Address: edancclark@regnteron.com
Office Number: (954) 995-4926 Cell Number: (954) 995-4926

Lobbying Firm on behalf of which lobbyist is representing principal (if any)

Regnteron
777 Old Saw Mill River Rd, Tarrytown NY 10591
Lobbying Firm's Mailing Address: (914) 345-7400
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.

PRINCIPAL #1 Principal Name: Regnteron
777 Old Saw Mill River Rd,
Principal Mailing Address: Tarrytown, NY 10591
Principal Telephone Number: (914) 345-7400 Areas of Interest/General & Specific Subject Matter: Pharmaceuticals

PRINCIPAL #2 Principal Name: N/A
Principal Mailing Address: _____
Principal Telephone Number: _____ Areas of Interest/General & Specific Subject Matter: _____

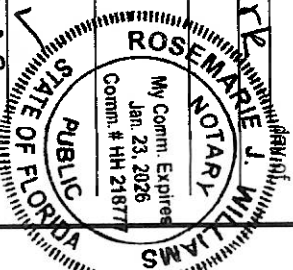
PRINCIPAL #3 Principal Name: N/A
Principal Mailing Address: _____
Principal Telephone Number: _____ Areas of Interest/General & Specific Subject Matter: _____

STATE OF FLORIDA Broward
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this 3rd day of April, 2024 by Edan Clark
Signature of Notary (Public-State of Florida): Rosemarie J. Williams

(Print, Type, or Stamp Commissioned Name of Notary Public)
Rosemarie J. Williams

Personally Known _____ OR Produced Identification _____
Type of Identification Produced: FL Drivers License



**NORTH BROWARD
HOSPITAL DISTRICT**

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 does 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

Proprietor
Principal Name

hereby authorizes

Edan Clark
Lobbyist's Name

Pharmaceuticals
Description of Principal's Main Business

Natasha Miller
Signature of Principal or Principal's Representative

NATHAN KIEPER
Print Principal Name / Principal's Representative

District Manager
Print Title of Principal / Principal's Representative

4/1/2024
Date

Attach this authorization to your registration form.