



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 24-2025

LOBBYIST:

Last Name Sluyker First Name Jade Middle D

Mailing Address 200 Piver 4 Blvd, Boston MA 02210

Email Address Jade.Sluyker@sevier.com

Office Number (888) 788-1735 Cell Number 305-793-5615

Sevier Pharma

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

200 Piver 4 Blvd, 4th Fl, Boston MA 02210

Lobbying Firm's Mailing Address (888) 788-1735

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.

[Signature]
Original Signature of Lobbyist

Provide the names, business address, telephone number and area of interest of each principal represented.

PRINCIPAL #1 Sevier Pharma

Principal Name 200 Piver 4 Blvd, 4th Fl

Principal Mailing Address Boston, MA 02210

Principal Telephone Number (888) 788-1735

Areas of Interest/General & Specific Subject Matter

PRINCIPAL #2 _____

Principal Mailing Address _____

Principal Telephone Number _____

Areas of Interest/General & Specific Subject Matter

PRINCIPAL #3 _____

Principal Mailing Address _____

Principal Telephone Number _____

Areas of Interest/General & Specific Subject Matter

STATE OF FLORIDA

COUNTY OF DADE
 Sworn to (or affirmed) and subscribed before me this 13th day of February, 2024 by Jade Sluyker

(Signature of Notary Public-State of Florida)

[Signature]



Personally Known _____ OR _____
 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

Lindsay Latino

Principal Name

hereby authorizes

Jade Sluyter

Lobbyist's Name

Pharmaceutical sales and promotion

Description of Principal's Main Business



Signature of Principal or Principal's Representative

Lindsay Latino

Print Principal Name / Principal's Representative

Sales Director

Print Title of Principal / Principal's Representative

February 12th, 2024

Date

Attach this authorization to your registration form.