



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:
 Last Name: Serfaty First Name: Sean Middle: K
 Mailing Address: 1585 Victoria 1st Way / Weston
 Email Address: jeannie.serfaty@tolmar.com FL
 Office Number: (224) 880-5170 Cell Number: (305) 785-2008

Tolmar Pharmaceuticals
 Lobbying Firm on behalf of which lobbyist is representing principal (if any)
485 Half Day Road, #400
 Lobbying Firm's Mailing Address
(844) 486-5627
 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.
Sean K. Serfaty
 Original Signature of Lobbyist

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

PRINCIPAL #1 Tolmar Pharmaceuticals
 Principal Name
485 Half Day Road, #400
 Principal Mailing Address
Buffalo Grove, IL 60089
(844) 486-5627
 Principal Telephone Number
Pharmaceuticals
 Areas of Interest/General & Specific Subject Matter

PRINCIPAL #2 _____
 Principal Name
 Principal Mailing Address

 Principal Telephone Number

 Areas of Interest/General & Specific Subject Matter

PRINCIPAL #3 _____
 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 14th day of September, 2023 by Sean Serfaty
 Signature of Notary Public--State of Florida)

 BEATRIZ GUIDINO-CUAHTLANE
 MY COMMISSION #HH072647
 EXPIRES DEC 15, 2024
 Bonded through 1st State Insurance

(Print, Type, or Stamp Commissioned Name of Notary Public)
 Personally Known _____ OR Produced Identification _____
 Type of Identification Produced Florida State ID Pass

Principal Authorization Form

Authorization to Represent the Principal

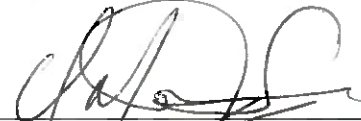
Type or print the principal represented and name of lobbyist as they are shown on the registration form, also, describe the main business. This authorization to represent the principal before the North Broward Hospital District dba Broward Health for this lobbyist will be carried forward each calendar 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

Tolmar
Principal Name

hereby authorizes

Jean Serfaty
Lobbyist's Name

Pharmaceutical
Description of Principal's Main Business


Signature of Principal or Principal's Representative

Orlando Nieves
Print Principal Name / Principal's Representative

Regional Sales Director
Print Title of Principal / Principal's Representative

9/11/2023
Date

Attach this authorization to your registration form.