



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:

FULOP JEFFREY
Last Name First Name Middle
3656 KALANCHOE PLACE WESLEY CHAPEL, FL 33549
Mailing Address
Jfulop@AKEBIA.COM
Email Address
(813) 244-4810 (813) 244-4810
Office Number Cell Number

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

Lobbying Firm's Mailing Address

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.

Jeffrey Fulop
Original Signature of Lobbyist

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

PRINCIPAL #1 CHRISTOPHER J. HOLLOW "AKEBIA"
Principal Name
3200 TAM OSHANTER LANE
Principal Mailing Address
BIRMINGHAM, AL 35242
(205) 565-9910
Principal Telephone Number
PHARMACEUTICAL SALES
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 Hillsborough
Sworn to (or affirmed) and subscribed before me this 24th day of July, 2023 by Jeffrey Fulop

(Signature of Notary Public--State of Florida)
IVETTE FLORES
Notary Public, State of Florida
Commission # HH 316529
(Print, Type, or Stamp Commission Number and Expiration Date) Sept. 26, 2026

Personally Known _____ OR Produced Identification
Type of Identification Produced Florida Driver's License

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

CHRISTOPHER J. HOLLON ^{"AREBIA"} hereby authorizes JEFFREY FULOP
Principal Name Lobbyist's Name

PHARMACEUTICAL SALES
Description of Principal's Main Business

X Christopher J Hollon
Signature of Principal or Principal's Representative

CHRISTOPHER J. HOLLON
Print Principal Name / Principal's Representative

AREA DIRECTOR
Print Title of Principal / Principal's Representative

August 21, 2023
Date

Attach this authorization to your registration form.