

## NORTH BROWARD HOSPITAL DISTRICT (NBHD) DBA BROWARD HEALTH LOBBYING REGISTRATION FORM (SEE BACK FOR 1)

(SEE BACK FOR INSTRUCTIONS)

	(BLE BITCH TOK INSTRUCTIONS)
For what purpose are you using this form?  New Registration Change to Profile Renewal  To which fiscal year does this form apply? 20 23	Provide the names, business address, telephone number and area of interest of each principal represented.  Baxter Healthcare Corporation  PRINCIPAL#1  Principal Name
Walker Last Name Email Address Kelli Walker  Kelli Kelli First Name First Name Middle	One Baxter Parkway  Principal Mailing Address  Deerfield, IL, 60015  (
Office Number  Cell Number  Lobbying Firm on behalf of which lobbyist is representing principal (if any)	PRINCIPAL #2 Principal Name  Principal Mailing Address
Lobbying Firm's Mailing Address  ()  Telephone Number  Do you have any direct or indirect business association, partnership, or financial relationship or live in	Principal Telephone Number  Areas of Interest/General & Specific Subject Matter  PRINCIPAL #3
the same household with or are related to any Broward Health Board Member, Board Committee  Member, employee, or agent?  Yes. State with whom and explain:	Principal Name  Principal Mailing Address
	Principal Telephone Number
Have you ever been an employee of Broward Health? No Yes,  Title Date of Employment Date of Separation	STATE OF FLORIDA COUNTY OF  Areas of Interest/General & Specific Subject/Matter  EAPIRES: February 6, 202
Title Date of Employment Date of Separation  Have you ever served as an NBHD Commissioner or on a Commission Sub-Committee?  No Date of Service Date of Separation	Sworn to (or affirmed) and subscribed before me this
OATH I do solemnly swear that all the foregoing facts are true and correct.	(Signature of Notary PublicState of Florida)  LEA  11:11224471  (Print, Type, or Stamp Commissioned Name of Notary Public)
Original Signature of Lobbyist	Personally Known OR Produced Identification Type of Identification Produced December 2017 166-567