



**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 Hirschensohn First Name Kelly Middle

Mailing Address 17746 Lake Azure Way Boca Raton FL 33496

Email Address Khirschensohn@incyte.com

Office Number 561-213-9364 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.

Original Signature of Lobbyist

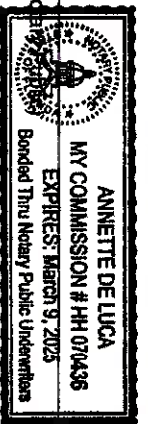
Provide the names, business address, telephone number and area of interest of each principal represented.

PRINCIPAL #1 Incyte  
Principal Name 1801 Augustine Cut-Off  
Principal Mailing Address Wilmington DE 19803  
Principal Telephone Number 302-498-6700  
Area of Interest/General & Specific Subject Matter Pharmaceuticals

PRINCIPAL #2  
Principal Name  
Principal Mailing Address  
Principal Telephone Number  
Area of Interest/General & Specific Subject Matter

PRINCIPAL #3  
Principal Name  
Principal Mailing Address  
Principal Telephone Number  
Area of Interest/General & Specific Subject Matter

STATE OF FLORIDA  
COUNTY OF Palm Beach  
Sworn to (or affirmed) and subscribed before me this 24 day of January, 2024 by Kelly Hirschensohn  
(Signature of Notary Public—State of Florida) Annette DeLuca



Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
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](http://www.browardhealth.org)

**Incyte**

Principal Name

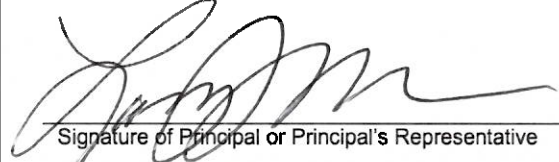
hereby authorizes

**Kelly Hirschensohn**

Lobbyist's Name

**Biopharmaceutical Company**

Description of Principal's Main Business



Signature of Principal or Principal's Representative

**Lance Thomas**

Print Principal Name / Principal's Representative

**Dermatology Business Director**

Print Title of Principal / Principal's Representative

**2/14/24**

Date

Attach this authorization to your registration form.