

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

(SEE BACK FOR INSTRUCTIONS)

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For what purpose are you using this form?  New Registration  Change to Profile  Renewal	Provide the names, business address, telephone number and area of interest of each principal represented.
To which fiscal year does this form apply? 20 24	PRINCIPAL#1 IQVIA CSMS US Inc
LOBBYIST: Welsh Kevin V	100 IMS Drive Principal Mailing Address
Last Name First Name Middle  15337 Shonan Gold Drive, Winter Garden, FL 34787  Mailing Address	Parsipanny, NJ 07054  866-267-4479 Pharmaceutical Services
kevin.welsh@iqvia.com Email Address	Principal Telephone Number  Areas of Interest/General & Specific Subject Matter
	PRINCIPAL #2 Principal Name
Lobbying Firm on behalf of which lobbyist is representing principal (if any)	Principal Mailing Address
Lobbying Firm's Mailing Address  ()  Telephone Number	Principal Telephone Number  Areas of Interest/General & Specific Subject Matter
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?  Yes. State with whom and explain:	PRINCIPAL #3 Principal Name  Principal Mailing Address
	Principal Telephone Number  Areas of Interest/General & Specific Subject Matter
Have you ever been an employee of Broward Health?    No	STATE OF FLORIDA COUNTY OF  Sworn to (or affirmed) and subscribed before me, this 25 of Supritue be day of 2023 by  LEVIN WEST  XAVIER INTRIAGO DILLON  (Signature of Notary Public-State of Florida)
OATH  I do solemnly swear that all the foregoing facts are true and correct.	(Signature of Notary Public-State of Florida)  State of Florida  Comm# HH200048  Expires 11/17/2025
PHYSICALLY PRESENT  Original Signature of Lobbyist	Personally Known OR Produced Identification  Type of Identification Produced FL - DL
Original orginature of Lobbyist	-



## **Principal Authorization Form**

## **Authorization to Represent the Principal**

Type or print the principal represented and name of lobbyist <u>as they are shown on the registration form</u>, 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 <a href="https://www.browardhealth.org">www.browardhealth.org</a>

IQVIA CSMS US Inc.

hereby authorizes

ŒVIN V WELSH

Principal Name

Pharmaceutical Services

Description of Principal's Main Business

Signature of Principal or Principal's Representative

Jaime Thompson

Print Principal Name / Principal's Representative

SVP & GM, CSMS & MedTech, U.S.

Print Title of Principal / Principal's Representative

1/13/22

Date

Attach this authorization to your registration form.