



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 _____

LOBBYIST:

Last Name Boagl First Name Leslie Middle _____

4633 Overlook Drive NE, SRtE, #1 33703

Mailing Address Boagl @ Theratech.com

Email Address _____ Office Number 813.396.2829 Cell Number _____

Office Number _____ Cell Number _____

Theratechnologies

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

2015 Peel St Floor, Montreal, Quebec, H3A1T8 Canada

Lobbying Firm's Mailing Address

514 336-7800

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.

Leslie Boagl

Original Signature of Lobbyist Leslie Boagl 2/8/24

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

PRINCIPAL #1 _____ Principal Name _____

Principal Mailing Address _____

Principal Telephone Number _____

Areas of Interest/General & Specific Subject Matter Infectious Disease

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 Pringles

Sworn to (or affirmed) and subscribed before me this 24 day of Feb 2024 by Leslie Boagl day of _____

(Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commissioned Name of Notary Public) Meghan M. Magneson

Personally Known _____ OR Produced Identification FLDI 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:

Theratechnologies

Principal Name

hereby authorizes

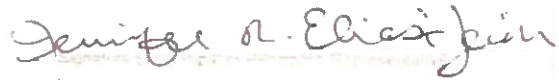
Leslie Bagli

Lobbyist's Name

Thought Leader Liaison

Description of Principal's Main Business

Pharmaceuticals



Jennifer R. Eliasi-Teich

Print Principal Name - Principal's Representative

Director, Thought Leader Liaisons

Print Title of Principal - Principal's Representative

February 3, 2024

Date

Attach this authorization to your registration form