



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 Valentine First Name Leslie Middle Lynn

Mailing Address 2225 Hawk River Dr. SW New Beck FL 32610

Email Address leslie.valentine@ipson.com

Office Number (931) 742-2500 Cell Number

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

Lobbying Firm's Mailing Address One Main St Cambridge MA 02142

Telephone Number (617) 679-8500

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 Valentine

Original Signature of Lobbyist

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

PRINCIPAL #1 ipson Biopharmaceuticals

Principal Name One Main St.

Principal Mailing Address Cambridge MA 02142

Principal Telephone Number (617) 679-8500

Areas of Interest/General & Specific Subject Matter Biopharmaceuticals

PRINCIPAL #2 N/A

Principal Name

Principal Mailing Address

Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

PRINCIPAL #3 N/A

Principal Name

Principal Mailing Address

Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

STATE OF FLORIDA

COUNTY OF Walden River

Sworn to (or affirmed) and subscribed before me this 7 day of March, 2024 by Leslie Valentine

(Signature of Notary Public-State of Florida)

Joshua Nelson



Commission # HH 334143 Expires November 20, 2026

Personally Known _____ OR Produced Identification _____
Type of Identification Produced 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

Lipson Biopharmaceuticals

Principal Name

hereby authorizes

Leslie Valentine

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business

Valerie Smith

Signature of Principal or Principal's Representative

Valerie Smith

Print Principal Name / Principal's Representative

Regional Business Director

Print Title of Principal / Principal's Representative

4/1/24

Date

Attach this authorization to your registration form.