



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 23/24

LOBBYIST:

Williams Marci
Last Name First Name Middle

C/O 28 Liberty Ship Way, Suite 2815, Sausalito, CA 94965
Mailing Address

pfizer@politicomlaw.com
Email Address

415 903-2800
Office Number Cell Number

()
Telephone Number

()
Cell Number

()
Telephone 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.

[Signature]
Original Signature of Lobbyist

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

Pfizer Inc.
PRINCIPAL #1 Principal Name

Principal Mailing Address
C/O 28 Liberty Ship Way, Suite 2815, Sausalito, CA 94965

(415) 903-2800 Pharmaceuticals
Principal Telephone Number Areas of Interest/General & Specific Subject Matter

Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

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

COUNTY OF Volusia

Sworn to (or affirmed) and subscribed before me this 15th day of

July, 2023 by _____

[Signature]
(Signature of Notary Public—State of Florida)



JADE M. WEST
Notary Public
State of Florida
Comm# HH353741
Expires 1/24/2027

Jade West
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification X
Type of Identification Produced Drivers 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

Pfizer Inc.

Principal Name


hereby authorizes

Marci Williams

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business


Signature of Principal or Principal's Representative

Jennie Unger Skelton

Print Principal Name / Principal's Representative

Designated Agent for Filer

Print Title of Principal / Principal's Representative

June 28, 2023

Date

Attach this authorization to your registration form.