



NORTH BROWARD HOSPITAL DISTRICT (NBHD) DBA BROWARD HEALTH LOBBYING REGISTRATION FORM

(SEE BACK FOR INSTRUCTIONS)

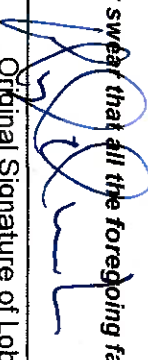
For what purpose are you using this form?
 New Registration Change to Profile Renewal
 To which fiscal year does this form apply? 20 _____

LOBBYIST:
Quintana Miguel
 Last Name First Name Middle
 14025 SW 104th Court Miami, FL 33176
 Mailing Address
 mquintana@biocryst.com
 Email Address
 () ()
 Office Number Cell Number 3055629124

Biocryst Pharmaceuticals
 Lobbying Firm on behalf of which lobbyist is representing principal (if any)
 4505 Emperor Blvd. #200 Durham, NC 27703
 Lobbying Firm's Mailing Address
 () 9198591302
 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 Principal Name **BioCryst US Sales Co., LLC**
 4505 Emperor Blvd. #200 Durham, NC 27703
 Principal Mailing Address

() 9198591302 Pharmaceutical marketing
 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 Miami-Dade
 Sworn to (or affirmed) and subscribed before me this 18 day of March, 2024 by MIGUEL ANGEL QUINTANA
 (Signature of Notary Public—State of Florida)



Personally Known _____ OR Produced Identification _____
 Type of Identification Produced ELDI @ 535 541692570

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

BioCryst US Sales Co., LLC hereby authorizes

Principal Name

Miguel Quintana

Lobbyist's Name

Pharmaceutical Manufacturer

Description of Principal's Main Business



Signature of Principal or Principal's Representative

Susan Barsky

Print Principal Name / Principal's Representative

VP, Corporate Compliance

Print Title of Principal / Principal's Representative

3/20/24

Date

Attach this authorization to your registration form.