



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:

Kieper Nathan A
Last Name First Name Middle

425 Wild Oak Cir, Longwood, FL 32779
Mailing Address

Nathan.Kieper@regeneron.com
Email Address

(407) 848-9091 ()
Office Number Cell 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.

Nat A Kieper
Original Signature of Lobbyist

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

PRINCIPAL #1 Regeneron Healthcare Solutions
Principal Name
777 Old Saw Mill Rd, Tarrytown, NY 10591
Principal Mailing Address

(914) 847-7000 Pharmaceuticals
Principal Telephone Number Areas of Interest/General & Specific Subject Mater

PRINCIPAL #2 _____
Principal Name

Principal Mailing Address

()
Principal Telephone Number Areas of Interest/General & Specific Subject Mater

PRINCIPAL #3 _____
Principal Name

Principal Mailing Address

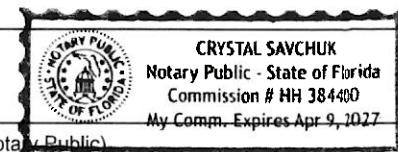
()
Principal Telephone Number Areas of Interest/General & Specific Subject Mater

STATE OF FLORIDA
COUNTY OF Seminole

Sworn to (or affirmed) and subscribed before me this 24th day of June, 2023 by Nathan Kieper

(Signature of Notary Public--State of Florida)

Crystal Savchuk
(Print, Type, or Stamp Commissioned Name of Notary Public)



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


Regeneron Healthcare Solutions
Principal Name

hereby authorizes

Nathan Kieper
Lobbyist's Name

Pharmaceutical

Description of Principal's Main Business



Signature of Principal or Principal's Representative

John Shoemaker

Print Principal Name / Principal's Representative

Regional Director

Print Title of Principal / Principal's Representative

Date

6/30/2023

Attach this authorization to your registration form.