



# 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:

**Kanaris**

**Petra**

Last Name

First Name

Middle

5601 NW 2nd ave apt 227 Boca Raton FL 33487

Mailing Address

Email Address **pkanaris@incyte.com**

Office Number

Cell Number **561-373-9731**

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.

Original Signature of Lobbyist

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

**Incyte**

PRINCIPAL #1

Principal Name

1801 Augustine Cut-Off

Principal Mailing Address

Wilmington DE 19803

Principal Telephone Number

302-498-6700

Pharmaceuticals

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

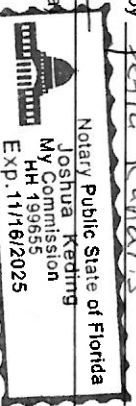
Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

STATE OF FLORIDA  
COUNTY OF St. Johns Beach

Sworn to (or affirmed) and subscribed before me this 25<sup>th</sup> day of Jan. 2024 by Petra Kanaris

Signature of Notary Public--State of Florida



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

Personally Known \_\_\_\_\_ OR Produced Identification X  
Type of Identification Produced Florida ID

## 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](http://www.browardhealth.org)

**Incyte**

Principal Name

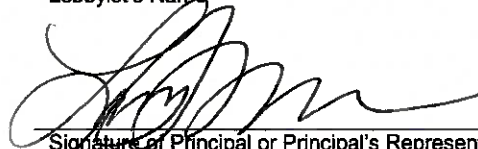
hereby authorizes

**Petra Kanaris**

Lobbyist's Name

**Biopharmaceutical Company**

Description of Principal's Main Business



Signature of Principal or Principal's Representative

**Lance Thomas**

Print Principal Name / Principal's Representative

**Demoartology Business Director**

Print Title of Principal / Principal's Representative

2/14/24

Date

Attach this authorization to your registration form.