BROWARD NORTH BROWARD HOSPITAL HEALTH LOBBYING	BROWARD HOSPITAL DISTRICT (NBHD) DBA BROWARD  HEALTH LOBBYING REGISTRATION FORM  (SEE BACK FOR INSTRUCTIONS)
or what purpose are you using this form?  New Registration Change to Profile Renewal	Provide the names, business address, telephone number and area of interest of each principal represented.
does this form apply? 20 24	PRINCIPAL#1 Principal Name
	245 HRST STREET
ast Name  First Name  Middle	Principal Mailing Address Com Sacot, MA 02/42
R to EL MS	80
failing Address	Telephone Nur
TLOPEZYVILE CILEDIA. COM	Areas of Interest/General & Specific Subject Matter
4545-818 L8L L8L	PRINCIPAL #2 N/P
Office Number Cell Number	Principal Name
Lobbying Firm on behalf of which lobbyist is representing principal (if any)	Principal Mailing Address
245 past street combrove, wa 62/42	
ng Firm's Mailing Address	Principal Telephone Number
Telephone Number	Areas of Interest/General & Specific Subject Matter
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	PRINCIPAL #3 Principal Name
No State with whom and explain:	Principal Mailing Address
	Principal Telephone Number
Have you ever been an employee of Broward Health? 🗡 No 🔲 Yes,	OTATE OF ELOPINA
Title Date of Employment Date of Separation	
ever se	Sworn to (or affirmed) and subscribed before me this O''' day of MARCH , 2024 by PROBLEM LOPES-PHIZ
Date of Service Date of Separation	AND POST
OATH	Notary Put
I do solemnly swear that all the foregoing facts are true and correct.	(Print, Type, or Stamp Commissioned Name Chrotary Fublic)
12 1 / C	Personally Known OR Produced Identification
Original Signature of Lobbyist	Type of Identification Produced FCDL (126-120-13-13-13-13-13-13-13-13-13-13-13-13-13-



## Principal Authorization Form

## Authorization to Represent the Principal

e North	thown on the registration form, also, describe the main Broward Hospital District dba Broward Health for this mitted by this lobbyist indicates "yes" to renew for the be provided by written notice. Cancellation forms can
orizes	Rebecca Lopez-Ruiz
	Lobbyist's Name
	Graham Kay  804E0DC43198428  Signature of Principal or Principal's Representative
	Graham Ray
	Print Principal Name / Principal's Representative
	Vice President of Sales
	Print Title of Principal / Principal's Representative
	3/8/2024
- 1	
	e North orm sub

## DocuSign<sup>\*</sup>

## **Certificate Of Completion**

Envelope Id: 1764CF55CF8F45A5A597DA5EB459008D

Subject: Here is your signed document: Principal Authorization Form- Graham's signature.pdf

Source Envelope:

Document Pages: 1 Certificate Pages: 2 AutoNav: Disabled

Envelopeld Stamping: Disabled

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Completed

Envelope Originator: Graham Ray 245 First Street Suite 1400

Cambridge, MA 02142 gray@Akebia.com IP Address: 76.29.46.137

**Record Tracking** 

Status: Original

3/8/2024 12:41:45 PM

Holder: Graham Ray gray@Akebia.com Location: DocuSign

Signer Events

Graham Ray gray@Akebia com VP, Key Accounts

Security Level: Email, Account Authentication

(None)

Signature

Signatures: 1 Initials: 0

Graham Ray

Signature Adoption: Pre-selected Style

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Sent: 3/8/2024 12:43:52 PM Viewed: 3/8/2024 12:44:03 PM Signed: 3/8/2024 12:44:51 PM

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Electronic Record and Signature Disclosure:

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Signature

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Graham Ray gray@akebia.com

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Witness Events

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Signature

Signature

Status

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**Timestamp** 

**Envelope Summary Events** 

Envelope Sent Hashed/Encrypted
Certified Delivered Security Checked
Signing Complete Security Checked
Completed Security Checked

**Timestamps** 

3/8/2024 12:43:52 PM 3/8/2024 12:44:03 PM 3/8/2024 12:44:51 PM 3/8/2024 12:44:52 PM