



# 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:**

**Yogita** **Ruby**  
Last Name First Name Middle

**1701 N lois Ave #325 Tampa FL 33607**

Mailing Address

**ruby.yogita@amrytpharma.com**

Email Address

(\_\_\_\_\_) **8139285472**                      (\_\_\_\_\_) **813-928-5472**  
Office Number Cell Number

**AMRYT PHARMA NOW AQUIRED BY " CHIESI**

Lobbying Firm on behalf of which lobbyist is representing principal (if any)

**160 FEDERAL S STREET 21ST FLOOR BOSTON MA 02110**

Lobbying Firm's Mailing Address

(\_\_\_\_\_) **617-500-7867**

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.*

\_\_\_\_\_ **6-15-2023**  
Original Signature of Lobbyist

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

**Danielle Satterthwaite**

**PRINCIPAL #1** Principal Name \_\_\_\_\_

**830 Gleneyre Cir St Augustine FL 32902**

Principal Mailing Address

(\_\_\_\_\_) **610-453-5977**

Principal Telephone Number **Educational Info Of MYCAPSAA**

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

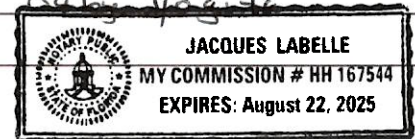
**STATE OF FLORIDA**

**COUNTY OF** Hillsborough

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

June, 20 23 by Ruby Yogita

\_\_\_\_\_  
(Signature of Notary Public—State of Florida)



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

Personally Known \_\_\_\_\_ OR Produced Identification DL  
 Type of Identification Produced Drivers license