



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:

Last Name: **Levellie** First Name: **Shannon** Middle:

232 Fordham Drive Lake Worth Beach, FL 33460

Mailing Address

Email Address: **Slevellie@incyte.com**

Office Number

Cell Number: **727-804-2886**

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

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

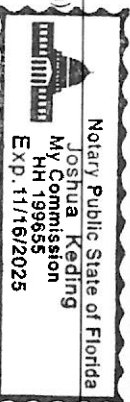
Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

STATE OF FLORIDA COUNTY OF Palm Beach

Sworn to (or affirmed) and subscribed before me this 10th day of Jan. 2024 by

(Signature of Notary Public—State of Florida)



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

Personally Known OR Produced Identification

Type of Identification Produced Georgia X

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

Incyte

Principal Name

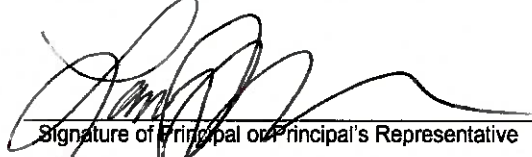
hereby authorizes

Shannon Leveille

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

Dermatology Business Director

Print Title of Principal / Principal's Representative

Date

2/14/24

Attach this authorization to your registration form.