



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 23-24

LOBBYIST:

Last Name: Biehl First Name: Taylor Middle: Annick

Mailing Address: 104 E. College Ave. Suite 1110

Email Address: taylor@capitolhancegroup.com

Office Number: (352) 281-1773 Cell Number: 281-1773

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.

[Signature]
Original Signature of Lobbyist

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

PRINCIPAL #1 ADVANTE Radiation Oncology

Principal Name: 15881 New Hampshire Court

Principal Mailing Address: Fort Myers, FL 33908

Principal Telephone Number: (339) 437-1977 Areas of Interest/General & Specific Subject Matter: Radiation Oncology/SKAS

PRINCIPAL #2
Principal Name: _____

Principal Mailing Address: _____

Principal Telephone Number: _____ Areas of Interest/General & Specific Subject Matter: _____

PRINCIPAL #3
Principal Name: _____

Principal Mailing Address: _____

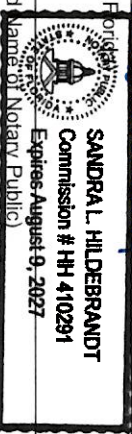
Principal Telephone Number: _____ Areas of Interest/General & Specific Subject Matter: _____

STATE OF FLORIDA

COUNTY OF Leon

Sworn to (or affirmed) and subscribed before me this 5th day of September, 2023 by Taylor Biehl

Signature of Notary Public—State of Florida: *[Signature]*



(Print, Type, or Stamp Commissioned Name of Notary Public) OR Produced Identification _____

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

ADVOCATE Radiation Oncology
Principal Name

hereby authorizes

TAMAR P. BIEHL
Lobbyist's Name

ONCOLOGY PRACTICES
Description of Principal's Main Business

[Signature]
Signature of Principal or Principal's Representative

DR. ADIE DOSORETZ
Print Principal Name / Principal's Representative

CEO
Print Title of Principal / Principal's Representative

9/2/23
Date

Attach this authorization to your registration form.