



# 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: RECZEK First Name: ALEXANDRA Middle: DENISE

Mailing Address: 401 NW N. RIVER DR., apt. 918 MIAMI, FL 33128

Email Address: ALEXANDRA.RECZEK@INDIVIOR.COM

Office Number: (305) 586-5599 Cell Number: 559-0712

**INDIVIOR**

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

Lobbying Firm's Mailing Address: 10710 MIDLOTHIAN TURNPIKE, SUITE 125 N. CHESTERFIELD, VA 23235

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: Alexandra Reczek

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

PRINCIPAL #1 **INDIVIOR** Principal Name

Principal Mailing Address: 10710 MIDLOTHIAN TURNPIKE, SUITE 125

Principal Telephone Number: N. CHESTERFIELD, VA 23235

Principal Mailing Address: \_\_\_\_\_ Areas of Interest/General & Specific Subject Matter: PHARMACEUTICALS

PRINCIPAL #2 N/A Principal Name

Principal Mailing Address: \_\_\_\_\_ Areas of Interest/General & Specific Subject Matter: \_\_\_\_\_

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

PRINCIPAL #3 N/A Principal Name

Principal Mailing Address: \_\_\_\_\_ Areas of Interest/General & Specific Subject Matter: \_\_\_\_\_

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

Areas of Interest/General & Specific Subject Matter

STATE OF FLORIDA miami, dade COUNTY OF \_\_\_\_\_ Sworn to (or affirmed) and subscribed before me this 29 day of July 2024 by Alexandra Reczek

(Signature of Notary Public--State of Florida) Aracelis Llanos **ARACELIS LLANOS** State of Florida - Notary Public Commission # HH 150624 My Commission Expires 07/09/2025

Personally Known \_\_\_\_\_ OR Produced Identification FL license Type of Identification Produced \_\_\_\_\_

## 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)

Nick Alvaro

hereby authorizes

ALEXANDRA RECZEK

Lobbyist's Name

Principal Name

Area Sales Director Indivior

Description of Principal's Main Business

Area Sales Director

Signature of Principal or Principal's Representative

*Nick Alvaro*

Print Principal Name / Principal's Representative

Nick Alvaro

Print Title of Principal / Principal's Representative

Area Sales Director Indivior

Date



Attach this authorization to your registration form.