



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 15

LOBBYIST:

OLVEY ANTHONY LAWING

First Name Middle

8625 Herons Cove PL TARA, FL 33647

Mailing Address colvey@therateel.com

Office Number 813 442-1902

Cell Number

Therateel technologies

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

601 Hudson St 21st Floor Jersey City NJ 07302

Lobbying Firm's Mailing Address

514 336-7800

Telephone Number

No Yes. State with whom and explain: _____

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?

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.

PRINCIPAL #1

Therateel technologies

Principal Name

101 Hudson St 21st Floor

Principal Mailing Address

Jersey City, NJ 07302

Principal Telephone Number

514 336-7800

Principal Telephone Number

HIV Resistance, EVOAF

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 21st day of JUNE, 2015 by WE OLVEY

(Signature of Notary Public--State of Florida)



Neesha Patel

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

Personally Known _____ OR Produced Identification Produced Fla.

Type of Identification Produced Fla.