



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? 2024 and 2025

LOBBYIST:

Last Name Bayon First Name Dalina Middle _____
Mailing Address 1220 SW 15 Street
DBayon@its.jnj.com
Email Address (305) 9847574 Cell Number 305 9847574
Office Number _____

Lobbying Firm on behalf of which lobbyist is representing principal (if any)
Johnson and Johnson Innovative Medicine
Lobbying Firm's Mailing Address 1 Johnson and Johnson Plaza New Brunswick, NJ 08933
Telephone Number 032 524 0400

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.
Dalina Bayon
Original Signature of Lobbyist

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

PRINCIPAL #1 Johnson and Johnson Innovative Medicine
Principal Name Johnson and Johnson Plaza
Principal Mailing Address New Brunswick, New Jersey US 08933
Principal Telephone Number 032 524 0400 Areas of Interest/General & Specific Subject Matter: Pharmaceuticals
PRINCIPAL #2 N/A
Principal Name _____
Principal Mailing Address _____
Principal Telephone Number _____ Areas of Interest/General & Specific Subject Matter: _____

PRINCIPAL #3 N/A
Principal Name _____
Principal Mailing Address _____
Principal Telephone Number _____ Areas of Interest/General & Specific Subject Matter: _____

STATE OF FLORIDA Miami Dade
COUNTY OF _____
Sworn to (or affirmed) and subscribed before me this August 12 day of 2024 by Dalina Bayon
(Signature of Notary Public - State of Florida) Mariateresa Alparaz
(Print, Type, or Stamp Commissioned Name of Notary Public)



Personally Known OR Produced Identification _____
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

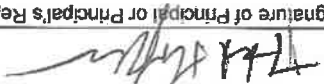
Principal Name
Johnson & Johnson Innovative Medicine

hereby authorizes

Lobbyist's Name
Dalina Bayon

Description of Principal's Main Business
Pharmaceuticals - Senior District Manager

Signature of Principal or Principal's Representative



Print Principal Name / Principal's Representative

Senior District Manager

Print Title of Principal / Principal's Representative

8/26/2004

Date

Attach this authorization to your registration form.