



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 24/25

LOBBYIST:

Albert
 Last Name David First Name David Middle _____
 C/O 28 Liberty Ship Way, Suite 2815, Sausalito, CA 94965
 Mailing Address _____
 pfizer@politicomlaw.com
 Email Address _____
 (415) 903-2800
 Office Number _____ Cell Number _____

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.

David Albert

Original Signature of Lobbyist

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

PRINCIPAL #1 Pfizer Inc. Principal Name _____

Principal Mailing Address _____
 C/O 28 Liberty Ship Way, Suite 2815, Sausalito, CA 94965
 (415) 903-2800 Pharmaceuticals
 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

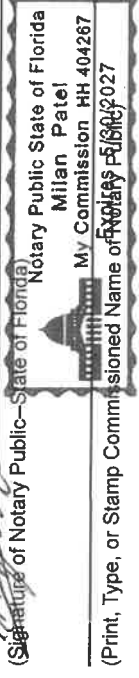
STATE OF FLORIDA

COUNTY OF ORANGE

Sworn to (or affirmed) and subscribed before me this _____ day of _____

JUNE, 2024 by DAVID ALBERT

David Albert



Personally Known _____ OR Produced Identification FL ID
 Type of Identification Produced FLORIDA DRIVER LICENSE

Principal Authorization Form

Authorization to Represent the Principal

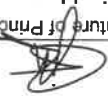
Type or print the principal represented and name of lobbyist as they are shown on the registration form, also, describe the main business. This authorization to represent the principal before the North Broward Hospital District dba Broward Health for this lobbyist will be carried forward each calendar 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
Pfizer Inc.

hereby authorizes

Lobbyist's Name
David Albert

Description of Principal's Main Business
Pharmaceuticals

Signature of Principal or Principal's Representative

Jennie Unger Skelton

Print Principal Name / Principal's Representative
Designated Agent for Filer

Print Title of Principal / Principal's Representative
June 27, 2024

Date

Attach this authorization to your registration form.