



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:

Domond
Last Name First Name Middle
c/o 2350 Kerner Blvd., Ste. 250 San Rafael, CA 94901
Mailing Address
genentech2@nmgovlaw.com
Email Address
(415) 389-6800
Office Number
Donata
First Name
389-6800
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.

Donata Domond
Original Signature of Lobbyist

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

PRINCIPAL #1 Genentech Inc., A Member of the Roche Group

Principal Name

c/o 2350 Kerner Blvd., Ste. 250 San Rafael, CA 94901

Principal Mailing Address

(415) 389-6800

Principal Telephone Number

Biotechnology & Pharmaceuticals

Areas of Interest/General & Specific Subject Matter

PRINCIPAL #2

Principal Name

Principal Mailing Address

()
Principal Telephone Number

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 Broward

Sworn to (or affirmed) and subscribed before me this

June 2, 2024 by Donata Ursula Domond

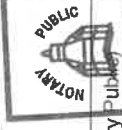
27th day of

January

Julson Silme
Signature of Notary Public--State of Florida

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

JULSON SILME
Notary Public, State of Florida
Commission# FH 358363
My comm. expires March 25, 2027



Personally Known _____ OR Produced Identification _____

Type of Identification Produced Florida State's license