



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:

Elso-Borinonoff **Ena**

Last Name First Name Middle

C/O 28 Liberty Ship Way, Suite 2815, Sausalito, CA 94965

Mailing Address

pfizer@politicmlaw.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.

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

Principal Telephone Number

Pharmaceuticals

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 BROWARD

Sworn to (or affirmed) and subscribed before me this JUNE 2024 by ENA ELSO-BORINONOFF day of

(Signature of Notary Public—State of Florida)



(Print, Type, or Stamp Commissioned Name of Notary Public) _____
Personally Known _____ OR Produced Identification FL DL ✓
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

Pfizer Inc.

Principal Name

hereby authorizes

Ena Elso-Borimonoff

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business

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.