



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

LOBBYIST:

Last Name LOPEZ First Name Ivette Middle _____
 2200 NE 33rd AVE Apt 8C Ft. Lauderdale, FL 33305
 Mailing Address Ivette.Lopez010@gmail.com
 Email Address _____
 Office Number _____ Cell Number (786) 603-4992

Salix Pharmaceuticals

Lobbying Firm on behalf of which lobbyist is representing principal (if any)
400 Somerest Corporate Blvd Bridgewater, NJ 08807
 Lobbying Firm's Mailing Address
 Telephone Number (800) 321-4576

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.

Ivette Lopez
Original Signature of Lobbyist

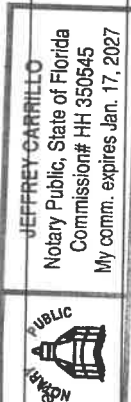
Provide the names, business address, telephone number and area of interest of each principal represented.

PRINCIPAL #1 Salix Pharmaceuticals
 Principal Name
400 Somerest Corporate Blvd Bridgewater, NJ 08807
 Principal Mailing Address
(800) 321-4576
 Principal Telephone Number
Pharmaceuticals
 Areas of Interest/General & Specific Subject Matter

PRINCIPAL #2 N/A
 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 Broward
COUNTY OF _____
 Sworn to (or affirmed) and subscribed before me this 28th day of June, 2024 by Ivette Lopez



(Signature of Notary Public--State of Florida)

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

Personally Known _____ OR Produced Identification
 Type of Identification Produced FLDL

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

Bausch Health

Principal Name

hereby authorizes

Ivette Lopez

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business


Signature of Principal or Principal's Representative

Stewart Robertson

Print Principal Name / Principal's Representative

District Manager

Print Title of Principal / Principal's Representative

06/14/2024

Date

Attach this authorization to your registration form.