



# 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     

LOBBYIST:  
 Last Name Jeffries First Name Jacob Middle T  
 Mailing Address 141 Neese Dr. A30 Nashville TN  
 Email Address jeffries@hcradinc.com  
 Office Number (812) 239-8076 Cell Number     

Lobbying Firm on behalf of which lobbyist is representing principal (if any) Harrow  
 Lobbying Firm's Mailing Address 102 Woodmont Blvd Suite 610 Nashville TN  
 Telephone Number (615) 733-4730 37205

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.  
Jacob T. Jeffries  
 Original Signature of Lobbyist

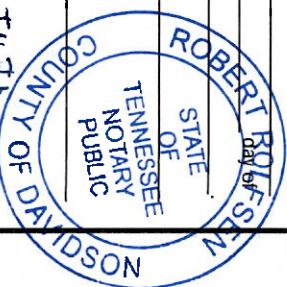
Provide the names, business address, telephone number and area of interest of each principal represented.

PRINCIPAL #1 Jacob T. Jeffries Harrow  
 Principal Name 102 Woodmont Blvd, Suite 610  
 Principal Mailing Address Nashville, TN  
 Principal Telephone Number 37205  
 Areas of Interest/General & Specific Subject Matter 615-733-4730  
pharmaceuticals

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 Tennessee Davidson  
 Sworn to (or affirmed) and subscribed before me this 20 29 by Robert Rolfsen  
 Signature of Notary Public--State of Florida Robert Rolfsen  
 (Print, Type, or Stamp Commissioned Name of Notary Public)  
 Personally Known      OR Produced Identification TN ID  
 Type of Identification Produced 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](http://www.browardhealth.org)

~~Bruce Kent Harlow~~  
Principal Name

hereby authorizes

Jacob T Jeffers  
Lobbyist's Name

Description of Principal's Main Business

Signature of Principal or Principal's Representative

Bruce Kent  
Print Principal Name / Principal's Representative

National Sales Director  
Print Title of Principal / Principal's Representative

5/31/24  
Date

Attach this authorization to your registration form.