



# 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: Serfaty    First Name: Jean    Middle: K  
 Mailing Address: 2966 Lake Ridge Lane, Weston, FL 33332  
 Email Address: jeannie.serfaty@tolmar.com  
 Office Number: (224) 880-5770    Cell Number: (305) 785-2008

Lobbying Firm on behalf of which lobbyist is representing principal (if any):  
Tolmar Pharmaceuticals, Inc  
 Lobbying Firm's Mailing Address:  
485 Half Day Road, #400  
(844) 486-5627  
 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.*

Jean K. Serfaty  
 Original Signature of Lobbyist

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

**PRINCIPAL #1**    Principal Name: Tolmar Pharmaceuticals  
 Principal Mailing Address: 485 Half Day Road, #400  
Buffalo Grove, IL 60089  
 Principal Telephone Number: (844) 486-5627  
 Areas of Interest/General & Specific Subject Matter: Pharmaceuticals, Inc

**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 9 day of July, 2024, by Jean Karen Serfaty

(Signature of Notary Public--State of Florida)



Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
 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](http://www.browardhealth.org)

Tolmar  
Principal Name

hereby authorizes

Jean Serfaty  
Lobbyist's Name

Pharmaceutical  
Description of Principal's Main Business

  
Signature of Principal or Principal's Representative

Orlando Nieves  
Print Principal Name / Principal's Representative

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

7/10/21  
Date

Attach this authorization to your registration form.