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 25

LOBBYIST:

Walker (Last Name) Kelli (First Name) (Middle)

512 Alcazar Avenue, Coral Gables, FL, 33134
Mailing Address

compliance_bch_baxter_2@multista
Email Address

( ) (Office Number) ( ) 786.493.3260 (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

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

PRINCIPAL #1 Baxter Healthcare Corporation
Principal Name

One Baxter Parkway
Principal Mailing Address

Deerfield, IL, 60015

( ) 404-217-7618
Principal Telephone Number

Acute Care
CRRT and TPE therapies
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

OATH

I do solemnly swear that all the foregoing facts are true and correct.

Original Signature of Lobbyist

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 1 day of July, 2024 by Kelli S. Walker

(Signature of Notary Public--State of Florida)

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

Personally Known ____ OR Produced Identification ✓
Type of Identification Produced FDL

YAINIS ACOSTA
MY COMMISSION #HH 041130
EXPIRES September 10, 2024
Bonded Thru Notary Public Underwriters