



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:

Richardson
 Last Name Richardson First Name Kentaura Middle _____
8680 Baymeadows Rd E Apt 312
 Mailing Address
kentaura.richardson@iqvia.com
 Email Address
 Office Number _____ Cell Number 615-500-9994

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.

Kentaura Richardson
 Original Signature of Lobbyist

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

PRINCIPAL #1 IQVIA CSMS US Inc Principal Name
100 IMS Drive Principal Mailing Address
Parsippany, NJ 07054 Principal Telephone Number
866-267-4479 Areas of Interest/General & Specific Subject Matter
Pharmaceutical Services

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 Duval

Sworn to (or affirmed) and subscribed before me this 24 day of October, 2024 by Kentaura Richardson



(Signature of Notary Public--State of Florida)

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

Personally Known _____ OR Produced Identification
 Type of Identification Produced drivers license