



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:

Brock **Kimberly**

Last Name Kimberly First Name _____ Middle _____
 7131 LIMESTONE CAY RD JUPITER FL 33458
 Mailing Address
 KIMBERLY.BROCK@IQVIA.COM
 Email Address
 () 201-681-1215 () 201-681-1215
 Office Number Cell Number

IQVIA CSMS US INC

Lobbying Firm on behalf of which lobbyist is representing principal (if any)

100 IMS DRIVE

Lobbying Firm's Mailing Address
 () 866-267-4479
 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.

Kimberly Brock
 Original Signature of Lobbyist

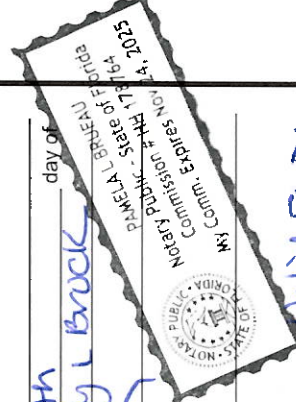
Provide the names, business address, telephone number and area of interest of each principal represented.

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 Telephone Number _____ 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

STATE OF FLORIDA
COUNTY OF Palm Beach
 Sworn to (or affirmed) and subscribed before me this 14th day of June, 2024 by Kimberly L Brock
 (Signature of Notary Public--State of Florida) Pamela L. Brock
 Personally Known _____ OR Produced Identification Valid FDC
 Type of Identification Produced Florida DL



Principal Authorization Form

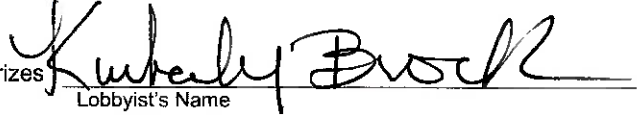
Authorization to Represent the Principal

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

IQVIA CSMS US Inc.


Principal Name

hereby authorizes


Lobbyist's Name

Pharmaceutical Services

Description of Principal's Main Business


Signature of Principal or Principal's Representative

Jaime Thompson

Print Principal Name / Principal's Representative

SVP & GM, CSMS & MedTech, U.S.

Print Title of Principal / Principal's Representative

1/13/22

Date

Attach this authorization to your registration form.