



# 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: SWAREZ FIRST NAME: LAZARO MIDDLE: -  
 MAILING ADDRESS: 8215 Grand Canal Drive  
 EMAIL ADDRESS: lswarez@be.its.jmi.com  
 OFFICE NUMBER: 786.762-7024 CELL NUMBER: 786.762-7024

LOBBYING FIRM ON BEHALF OF WHICH LOBBYIST IS REPRESENTING PRINCIPAL (IF ANY):  
Johnson & Johnson Innovative Medicine

LOBBYING FIRM'S MAILING ADDRESS:  
1125 Trenton-Harbourton Road, Titusville, FL 32780  
 TELEPHONE NUMBER: 1-800-526-7736

DO YOU HAVE ANY DIRECT OR INDIRECT BUSINESS ASSOCIATION, PARTNERSHIP, OR FINANCIAL RELATIONSHIP OR LIVE IN THE SAME HOUSEHOLD WITH OR 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.

[Signature]  
 Original Signature of Lobbyist

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

PRINCIPAL #1: Johnson & Johnson Innovative Medicine  
 PRINCIPAL NAME: Johnson & Johnson Innovative Medicine  
 PRINCIPAL MAILING ADDRESS: 1125 Trenton-Harbourton Road (1st Floor Bldg) Titusville, NJ 08560  
 PRINCIPAL TELEPHONE NUMBER: (1-800) 526-7736  
 AREAS OF INTEREST/GENERAL & SPECIFIC SUBJECT MATTER: Pharmaceuticals

PRINCIPAL #2: N/A  
 PRINCIPAL NAME: N/A

PRINCIPAL MAILING ADDRESS: \_\_\_\_\_  
 PRINCIPAL TELEPHONE NUMBER: \_\_\_\_\_  
 AREAS OF INTEREST/GENERAL & SPECIFIC SUBJECT MATTER: \_\_\_\_\_

PRINCIPAL #3: N/A  
 PRINCIPAL NAME: N/A  
 PRINCIPAL MAILING ADDRESS: \_\_\_\_\_  
 PRINCIPAL TELEPHONE NUMBER: \_\_\_\_\_  
 AREAS OF INTEREST/GENERAL & SPECIFIC SUBJECT MATTER: \_\_\_\_\_

STATE OF FLORIDA  
 COUNTY OF Dade  
 Sworn to (or affirmed) and subscribed before me this 10 day of April, 2024 by Lazaro Swarez

(Signature of Notary Public-State of Florida)  
Daniel Quesada  
 (Print, Type, or Stamp Commissioned Name of Notary Public)  
 DANIEL QUESADA  
 Notary Public-State of Florida  
 Commission # HH 330537  
 My Commission Expires November 08, 2026

Personally Known \_\_\_\_\_ OR Produced Identification ✓  
 Type of Identification Produced \_\_\_\_\_

## 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)

Johnson & Johnson Innovative Medicine

Principal Name

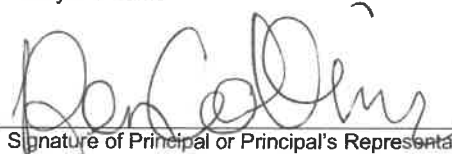
hereby authorizes

Lazaro Suarez

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business



Signature of Principal or Principal's Representative

Benjamin Collins

Print Principal Name / Principal's Representative

District Manager

Print Title of Principal / Principal's Representative

10.10.2024

Date

**Attach this authorization to your registration form.**