



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 24-2025

LOBBYIST:

Last Name Valentine First Name Leslie Middle Lynn
2225 Hawk River Dr SW Vestal
 Mailing Address leslie.valentine@ipsern.com FL 32902
 Email Address _____
 Office Number (931) 742-2500 Cell Number _____

Losco Biopharmaceuticals

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

1 Wein St. Cambridge, MA 02142

Lobbying Firm's Mailing Address

(617) 679-8500

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.

Leslie Valentine

Original Signature of Lobbyist

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

PRINCIPAL #1 Losco Biopharmaceuticals
 Principal Name 1 Wein St. Cambridge, MA 02142
 Principal Mailing Address

(617) 679-8500
 Principal Telephone Number Biopharmaceuticals
 Areas of Interest/General & Specific Subject Matter

PRINCIPAL #2 N/A
 Principal Name

Principal Mailing Address _____

Principal Telephone Number _____

Areas of Interest/General & Specific Subject Matter _____

PRINCIPAL #3 N/A
 Principal Name

Principal Mailing Address _____

Principal Telephone Number _____

Areas of Interest/General & Specific Subject Matter _____

STATE OF FLORIDA
 COUNTY OF HANDS RIVER

Sworn to (or affirmed) and subscribed before me this 11th day of JUNE, 2024 by Leslie Valentine

Tamia Miloni Williams

(Signature of Notary Public--State of Florida)

Tamia Miloni Williams
 Commission # HH 461066
 Expires November 2, 2027

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

Personally Known OR Produced Identification
 Type of Identification Produced FL Driver's License

Principal Authorization Form

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

Principal Name Lipson hereby authorizes

Lobbyist's Name Leanne Valentine

Description of Principal's Main Business Pharmaceuticals

Signature of Principal or Principal's Representative Valerie Smith

Print Principal Name / Principal's Representative

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

Date 6/19/24

Attach this authorization to your registration form.