



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 24/25

LOBBYIST:

Baker **Mark**

Last Name Baker First Name Mark Middle _____

Mailing Address c/o Politicom Law LLP, 28 Liberty Ship Way, Suite 2815, Sausalito, CA 94965

ucb@politicomlaw.com

Email Address _____

Office Number (415) 903-2800

Cell Number _____

Cell Number _____

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

Lobbying Firm's Mailing Address _____

Telephone Number _____

No Yes. State with whom and explain: _____
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?

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.

Mark Baker
Original Signature of Lobbyist

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

UCB, Inc.

PRINCIPAL #1

Principal Name

c/o Politicom Law LLP, 28 Liberty Ship Way, Suite 2815, Sausalito, CA 94965

Principal Mailing Address _____

(415) 903-2800

Principal Telephone Number _____

Health and Healthcare

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 Broward
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this July 24 day of _____ 20 24 by _____

(Signature of Notary Public—State of Florida)



LISA A. IANNINO

Comm.: HH 415625

Expires: Jun. 28, 2027

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

Personally Known OR Produced Identification _____

Type of Identification Produced _____

Principal Authorization Form

Authorization to Represent the Principal

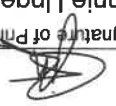
Type or print the principal represented and name of lobbyist as they are shown on the registration form, also, describe the main business. This authorization to represent the principal before the North Broward Hospital District dba Broward Health for this lobbyist will be carried forward each calendar 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

Principal Name
UCB, Inc.

hereby authorizes

Lobbyist's Name
Mark Baker

Description of Principal's Main Business
Health and Healthcare

Signature of Principal or Principal's Representative

Jennie Unger Skelton

Print Principal Name / Principal's Representative
Designated Agent for Filer

Print Title of Principal / Principal's Representative

June 27, 2024

Date

Attach this authorization to your registration form.